

2698
CITY OF LIVERPOOL.



EDUCATION COMMITTEE.

REPORT

ON THE WORK OF THE

SCHOOL MEDICAL SERVICE

FOR THE YEAR

1930

BY

A. A. MUSSEN, B.A., M.D., D.P.H.,

Medical Officer of Health, and Medical Officer to the Education Authority

Received by the Education Committee, 22nd June, 1931.

LIVERPOOL

C. TINLING AND Co., LTD., PRINTING CONTRACTORS, 53, VICTORIA STREET.

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EXPLANATION OF TECHNICAL TERMS USED IN THIS REPORT.

Albinism	Congenital absence of pigment in hair and eye.
Anti-rachitic Vitamin D.	A Vitamin, the absence of which in the diet, produces rickets.
Attic cavity	A small compartment inside the ear.
Auricular eczema	Eczema of the ear.
Blepharitis	Inflammation of the margins of the eyelids.
Buphthalmos	A large bulging eye, means literally "Ox-eye."
Caries	Decay of bone or teeth.
Cataract	An opaque condition of the lens of the eye.
Choroiditis	Inflammation at the back of the eye.
Coloboma	An incompleted circle of the coloured part of the eye.
Conjunctivitis	Inflammation of the transparent membrane lining the front of the eye and the inner surface of the eyelids.
Corneal opacity	An opaque condition of the cornea resulting from ulceration.
Corneal ulcers	Ulcers on the cornea or clear part in front of the eye.
Encephalitis lethargica	Sleepy sickness.
Granulations	Proud flesh.
Impetigo	Contagious sores with yellow crusts on, often associated with dirty and verminous conditions.
Keratitis	Inflammation of the cornea.
Mastoid	The mastoid bone which lies immediately behind the ear, and communicates internally with it.
Meatus	The external opening of the ear.
Myopia	Short sight.
Nystagmus	A trembling condition of the eye-balls.
Ophthalmia neonatorum	Inflammation of the eyes in the newly-born.
Optic atrophy	Degeneration of the nerve of the eye.
Otitis media	Inflammation of the inside of the ear.
Otorrhœa	A discharge from the ear (running ear).
Pediculosis	Infection with lice.
Polypi	Growths hanging by a stalk.
Rhinitis	Inflammation of the mucous membrane of the nose.
Scabies	A contagious skin condition commonly known as "itch."
Spastic paralysis	A form of paralysis producing rigidity.
Suppuration	Inflammation resulting in the formation of pus.
Talipes	Club-foot.
Torticollis	"Wry-neck."
Trachoma	A chronic contagious disease of the eye.
Tympanic sepsis	Pus formation inside the ear.
Zinc ionisation	A method of treating disease of the ear by means of a zinc solution applied electrically.



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CITY OF LIVERPOOL.

EDUCATION COMMITTEE.

REPORT of the MEDICAL OFFICER to the Education Authority for the Year ended 31st December, 1930.

1. The Medical Officer begs to submit his Report on the School **Introduction**
Medical Service for the year 1930.

The arrangements for the medical inspection of the children in Public Elementary, Special, and Higher Schools, have remained the same as in previous years. The scheme for treatment continued to progress towards completion, certain developments having taken place during the year.

2. The Orthopædic Scheme was inaugurated at the beginning of the year by the opening of two Clinics, one in the North end of the City at the old Walton Road Day Industrial School, and the other at Dingle House in the South end.

3. The new Clinic premises at Clifton Street, Garston, were opened in August, and in addition to serving as a Clinic for minor ailments, dental, and defective vision cases, provide for a cleansing station. Part of these premises is used by the Health Committee for Clinic purposes.

4. The house, No. 71, Everton Road, situated on the site of land purchased for the purpose of building a Nursery School, was allocated to the School Medical Sub-Committee for adaptation for Clinic purposes. This Clinic will be available for

the treatment of minor ailments, dental, orthopædic, and aural defects, and defective vision, whilst a Cleansing Station will be provided in the basement rooms.

5. Plans for the erection of the permanent Clinic at Norris Green for the Health and Education Committees were finally approved in September. Temporary arrangements were made at the end of the year for the opening early in 1931 of a Minor Ailments Clinic at the Norris Green Meals Centre, and for the commencement of dental treatment in the Medical Inspection Room of Abbotsford Road School.

**Letters of
Appreciation.**

6. It is gratifying to record that from time to time letters are received from parents expressing appreciation of treatment received at the Committee's Clinics. The following are a few typical extracts from letters which have been received from parents:—

“ Now that he is fully recovered (**after operation for Tonsils**) I would like to make known to you my appreciation for the arrangements made and also the considerate treatment shown to my boy. The same boy and his brother William also received dental treatment at the ——— Clinic, and again nothing but praise can be given for the treatment and patience practised by the dentist. I think it is due to you to know of this and I thank all concerned.”

“ I should like also to express our appreciation of the care and attention shown to the child while under the care of the Clinic.”

“ I must also express to you . . . the deep debt of gratitude, that both my wife and myself have been placed under, by the wonderful treatment applied to my daughter at the Clinic . . . My daughter suffered for nine years, a discharge from the ear . . . after a few visits (**to the Clinic**) she was cured.”

“ I would be **so glad** if the teeth of this little boy could be attended to . . . his mother has very great faith in your Clinic . . . ”

Rheumatism.

7. There are few medical subjects concerning which advance of knowledge appears to be more important than that of rheumatic infection in childhood, because not only does it produce permanent heart disease in a large number of cases, which materially shortens life, but also it is responsible for considerable disablement in adult life in those who otherwise would be physically healthy citizens.

The wide extent of the incapacity resulting from rheumatic affections amongst the insured population can perhaps best be appreciated by quoting the estimate given in the Ministry of

Health Report on the Incidence of Rheumatism, namely, that about one-sixth of the total moneys paid out for sickness and disablement was on account of rheumatic diseases.

In the majority of instances rheumatism commences during school life, and as was stated in the last Annual Report the department has for some years been collecting data concerning the cases amongst the Liverpool school children. The analysis of this data has now been made, and appears on page 18. Dr. Fordyce, one of the Hon. Physicians at the Royal Liverpool Children's Hospital, who is much interested in the subject, has been good enough to submit some observations from the point of view of the Clinician, which appear in Appendix C.

8. The formation of the Liverpool Child Guidance Council, a voluntary organisation which commenced its work in 1929, has gone a long way towards meeting the problem of how best to deal with the type of child commonly designated as "difficult." Children whose condition it was thought might benefit from investigation were referred by the department during the year to the Child Guidance Clinic, and it is gratifying to report that the fullest co-operation exists between the officials of the two organisations.

9. The personnel of the medical and dental staffs remained the same as in the previous year, but towards the end of the year, Dr. Bradley and Dr. Wilson tendered their resignations.

The nursing work in connection with the public elementary schools is carried out by 50 Health Visitors of the Health Committee's staff. With regard to the supervision of these officers an administrative change was made towards the end of the year, when Miss M. L. Nickson was transferred from the staff of the Health Committee to that of the Education Committee, with the title of Superintendent of School Nurses.

10. During the year the following two new schools were opened, viz., Abbotsford Road and Evered Avenue Council, and one school was closed, viz., Great Homer Council School.

There were at the end of the year 185 public elementary schools, the average number of children on the rolls of these schools for the year being 136,527, and the average attendance 122,192, or 89·5 per cent.

The complete statistical tables of the work carried out during the year appear in Appendix A and Appendix B of the Report on pages 75-90; the following, however, is a short summary of the inspections and treatment carried out under the Committee's schemes.

11. The School Medical Officers have during the year carried out at the schools and inspection clinics 131,317 examinations relating to approximately 90,000 school children.

Brief
Statistical
Summary.

Public Elementary Schools.

Routine examinations	...	...	...	...	47,256
Special examinations	..	...	...	...	12,814
Re-inspections	...	...	...	...	55,486
Total number of inspections	...	...	...	...	115,556
Number of individual children inspected	...	...	...	...	82,325

Higher Schools.

Routine examinations	...	...	...	...	6,827
Special examinations	...	...	...	...	445
Re-inspections	...	...	...	...	6,696
Total number of inspections	...	...	...	...	13,968
Number of individual children inspected	...	...	...	...	8,040

Special Schools.

Routine examinations	...	...	...	...	400
Special examinations	...	...	...	...	33
Re-inspections	...	...	...	...	1,360
Total number of inspections	...	...	...	...	1,793

Summary of Cases treated under the Committee's Schemes.

Dental caries	...	...	...	...	17,399
Miscellaneous minor ailments	...	...	...	...	14,192
Defective vision	...	...	...	...	6,461
Skin diseases	...	...	...	...	4,946
Eye diseases	...	...	...	...	2,721
Ear diseases	...	...	...	...	1,960
Tonsils and Adenoids	...	...	..	...	1,731

In addition to the above, 15,148 children attended the various Cleansing Stations for treatment.

12. The Medical Officer is indebted to the Director of Education for information which he has kindly supplied with regard to certain sections of this Report relating, in particular, to the work in connection with the Special Schools, Provision of Meals and Juvenile Employment; and also to the Land Steward and Surveyor for certain information supplied in connection with school premises.

ORTHOPÆDIC SCHEME.

13. The first two Clinics in connection with the Joint Orthopædic Scheme of the Education and Health Committees were opened in January, 1930, one at Dingle House in the South end of the City, and the other at the former Walton Road Day Industrial School in the North end; Mr. T. P. McMurray being the Consulting Surgeon, and Mr. B. L. McFarland the Surgeon in Charge of the Clinics.. The joint scheme, which is administered by the School Medical Department, briefly is as follows:—Information with regard to cases of crippling amongst children of school age are received from the School Medical Officers, Certifying Officers of the Special Schools, and School Attendance Officers, whilst information *re* children under school age is received from the Infant Welfare Department of the Health Committee.

14. The necessary following up for children of school age is done by the Child Welfare Association, whose representative also attends at the Clinics on the Surgeon's visits, and the following up for the pre-school children is carried out by the staff of the Health Committee.

15. The surgeon attends at one or other of the Clinics on an average once a week to examine new cases as well as the old cases which are due for re-examination. The Orthopædic Sister supervises the carrying out of the prescribed exercises to remedy defects and re-educate weakened muscles, and does the massaging that

may be required, and gives the mothers instructions for home treatment, and educates them to understand that patience and perseverance are necessary for the cure of crippling defects. She also keeps under supervision the condition of the splints.

16. It has not been possible so far to make any definite arrangements with regard to the reserving of special beds at hospitals for clinic cases requiring in-patient treatment and consequently there is sometimes delay in obtaining admission to hospital of the cases requiring such treatment. During the year, 31 cases were admitted to the Alder Hey, Royal Liverpool Children's and Northern Hospitals. In some cases X-ray examinations were carried out at the last two named hospitals.

17. Arrangements have also been made for the Liverpool Child Welfare Association, in addition to the following up, to assist the parents in the provision and maintenance of the necessary appliances, and during the year 42 cases were thus assisted in the provision of irons and splints, etc., whilst in 53 other cases arrangements were made for alterations to boots, etc.

The Surgeon attended on 38 occasions, whilst 201 children attended for massage or remedial exercises, the average number of attendances per child being approximately 26. The children attending for massage and remedial exercises already exceeds the number that the one Orthopædic Sister can satisfactorily deal with, and the time has now arrived for the appointment of the masseuse provided for when the scheme was framed, especially as the work will be considerably extended when the new Clinic in Everton Road is opened.

18. The accompanying table shews the number of cases seen by the Surgeon and the types of defects from which they were suffering, together with the number of attendances made at each of the two Clinics.

Table 1.

Cases dealt with under Orthopaedic Scheme during 1930.

Defect.	Cases seen at Surgeon's Visits.						Massage and Remedial Exercises Department.					
	No. of Cases.			No. of Attendances.			No. of Cases.			No. of Attendances.		
	Clinic.		TOTAL.	Clinic.		TOTAL.	Clinic.		TOTAL.	Clinic.		TOTAL.
	Dingle House.	Walton Road.		Dingle House.	Walton Road.		Dingle House.	Walton Road.				
Infantile Paralysis ...	16	33	49	39	77	116	13	21	34	512	456	968
Birth Palsy ...	3	7	10	6	19	25	3	4	7	98	84	182
Spastic Paralysis ...	13	16	29	23	36	59	13	14	27	392	507	899
Rickets ...	16	46	62	27	75	102	5	20	25	139	344	483
Talipes ...	10	15	25	25	36	61	8	11	19	186	164	350
Spinal Curvature ...	19	23	42	39	69	108	16	23	39	536	713	1,249
Torticollis ...	3	4	7	6	8	14	2	2	4	68	51	119
Flat Feet ...	7	12	19	13	28	41	7	12	19	157	249	406
Chest deformities ...	3	—	3	6	—	6	2	—	2	65	—	65
Other deformities ...	17	32	49	34	68	102	8	14	22	220	210	430
Other defects...	2	9	11	3	21	24	1	2	3	30	20	50
No orthopaedic defect found ...	3	1	4	3	1	4	—	—	—	—	—	—
TOTALS ...	112	198	310	224	438	662	78	123	201	2,403	2,798	5,201

RHEUMATISM.

19. In 1925 the Department first began to keep a special register of cases of rheumatism occurring amongst school children, it being the intention subsequently to make an investigation into the question of the causation and distribution of the disease as far as that could be done within the scope of the department. This opportunity arose in 1928, when the School of Social Studies agreed to co-operate in an investigation, and arranged for Mr. E. O. Humphreys, one of their research workers, to assist by tabulating the data obtained. The Medical Officer would here express his thanks to Mr. Caradoc Jones, of the School of Social Studies, and particularly to Mr. Humphreys, without whose assistance it would have been almost impossible to have analysed the data in time for this year's Annual Report. The Medical Officer also desires to acknowledge the assistance of Dr. Gamlin and Dr. Kingsford, who organised the enquiry and have written the report.

A special four-page card was devised on which the School Medical Officers entered up particulars of each child's physical condition, together with the family history and certain details concerning the child's environment. A copy of the card is inserted.

OUTSIDE

TO BE FILLED IN BY SANITARY INSPECTOR

DWELLING.

(A) PRESENT HOUSE.

- 1. re (a) elevation, (b) airiness, (c) accessibility to sunlight (good-fair-bad)
- 2. re dampness (good-fair-bad)
- 3. Situation of living room (basement-ground floor-upper floor)
- 4. Situation of bedroom (basement-ground floor-upper floor)

(B) PREVIOUS HOUSE.—If there has been change of dwelling at or before date of onset.

- 1. (a)..... (b)..... (c).....
- 2.
- 3.
- 4.
- 5. Year when address was changed

Special remarks.....

Signature of Inspector.....

Date

Ref. No.....

Case No.....

S.M.O. Form 35.

LIVERPOOL EDUCATION COMMITTEE.

RHEUMATISM and ACQUIRED HEART DISEASE

Name.....	Sex.....	Date of Birth
Address.....		School
Place of Examination		
History, Signs and Symptoms.....		

CLASSIFICATION OF CASE.

- A. Acute pyrexial Rheumatism.
- B. Acute Chorea (i.e. of less than two months duration).
- C. Rheumatism or Chorea other than A or B.
 - (i) With apparently curable heart lesion or no heart lesion.
 - (ii) With probably permanent acquired heart lesion—good prognosis.
 - (iii) With probably permanent acquired heart lesion—bad prognosis.

RECOMMENDATION.

- 1. Fit for Public Elementary School.
 - (a) With no restrictions.
 - (b) With no violent games.
 - (c) With no drill or gymnastics.
- 2. Fit for Special P.D. School.
 - (a) Day School.
 - (b) Residential School.
- 3. Not Fit for any School.
 - If so, period of exclusion recommended

RE-EXAMINATIONS.		
Date and Initials	Classification	Recommendation

Signature of Examiner.....

Date of Examination

INSIDE

TO BE FILLED IN BY S.M.O.

1. Family History :—(including grandparents and
parents' brothers and sisters, as well as
present generations).
- (a) re Rheumatism.....
.....
.....
- (b) re Tuberculosis
.....
.....
- (c) If any other members of household have
previously had Rheumatism, length of
time of possible exposure of patient to
infection—
- (i) If sleeping in same room with such case
or cases.....
.....
- (ii) If living in same house with such cases, but
not sleeping in the same room.....
.....
- (d) Health of Mother (good-fair-bad).....
- (e) Health of Father (good-fair-bad).....
2. Occupation of (a) Father
(b) Mother
3. Status of Family (good-fair-bad).....

4. Age at onset.....
5. Teeth (usual classification).....
Oral sepsis (nil-slight-moderate-severe).....
6. Tonsils (✓, +, ++).....
History of Sore Throats.....
.....
.....
7. Colour of Hair (dark-medium-fair-red).....
Colour of Eyes (dark-medium-fair).....
8. Clothing (sufficient-insufficient).....
Whether child comes to school in damp
garments
(often - sometimes - never)
- Footgear (good-fair-bad) (usual classification)...
- Initials of S.M.O.....
- Date

20. In order to check the results obtained, cards were also made out recording similar information with regard to a large number of children who had not suffered from rheumatism, these additional records being used as controls. These controls were children picked out at random from the same classes or standards in the schools as those in which the rheumatic children were encountered.

21. In view of the fact that it has often been asserted that dampness of the dwelling-houses was one of the causes of rheumatism, it was considered that the most reliable information with regard to this item could be obtained from the District Sanitary Inspectors who in the ordinary course of their duties deal with such matters. The Chief Sanitary Inspector kindly arranged for his staff to undertake this work, and to see that, as far as possible, a similar standard was adopted in all instances.

22. Altogether 1,006 rheumatic cases were investigated and 695 controls. At the close of the enquiry all the cases were classified according to the occupational status of the families into three occupational groups, and for still greater accuracy of the statistics the numbers of cases were adjusted so as to make relatively equal proportions in the three occupational groups. In certain of the tables it will be noted that the full number of rheumatic cases do not appear owing to the omission of the requisite number of cases for the purpose of the adjustment referred to above.

23. As there is sometimes difficulty in definitely diagnosing rheumatism when the symptoms are only slight, the School Medical Officers were instructed not to include any cases in which there was any doubt. All definite cases of Chorea were included within the scope of the enquiry.

Dr. Fordyce, one of the Hon. Physicians at the Royal Liverpool Children's Hospital, who is particularly interested in the subject of rheumatism, kindly agreed to see a certain number of the cases investigated, and arrange for treatment where necessary.

Analysis of the Data.

The Incidence
of the
Disease.

24. Various estimates of the incidence of rheumatism amongst school children have, during the past twenty years, been made in different areas throughout the country, such estimates varying from about 2 per cent. to actually as high as 25 per cent.

25. During the two years of the enquiry all the new cases of rheumatism amongst school children discovered by the staff, as well as those previously known to the department, were investigated; a total of 1,006 cases, or approximately .7 per cent. of the school population.

It should be appreciated, however, that the 1,006 cases investigated do not represent every case of rheumatism amongst school children in the City during that period, as when the Medical Officers paid their visits to the schools some children suffering from rheumatism were absent from school, being either at home or in-patients in institutions. It is thought that probably not more than 400 cases in all were thus omitted from the investigation. Even with the addition of this number the incidence of rheumatism amongst the Liverpool public elementary school children would not be more than 1 per cent; an incidence figure considerably lower than has been hitherto recorded in any other area, so far as can be ascertained.

Sex
Incidence.

26. Of the cases investigated, 635 were girls and 371 were boys, which shews that girls are more susceptible to the disease than boys in the proportion of approximately 5 to 3, this ratio corresponding almost exactly with the proportions reported by investigators in other areas.

Ages at
Onset.

27. The accompanying table and graph shew the ages at onset for boys and girls separately and for the two sexes combined. It will be seen that the most susceptible age periods are between the age of 5 and 9, but after the age of 9 the susceptibility to the disease declines rapidly. In the case of the girls the graph shews a major peak at the age of 7 and a minor peak at 5, whilst in the case of the boys the highest peak is at 5 with a minor peak at 9.

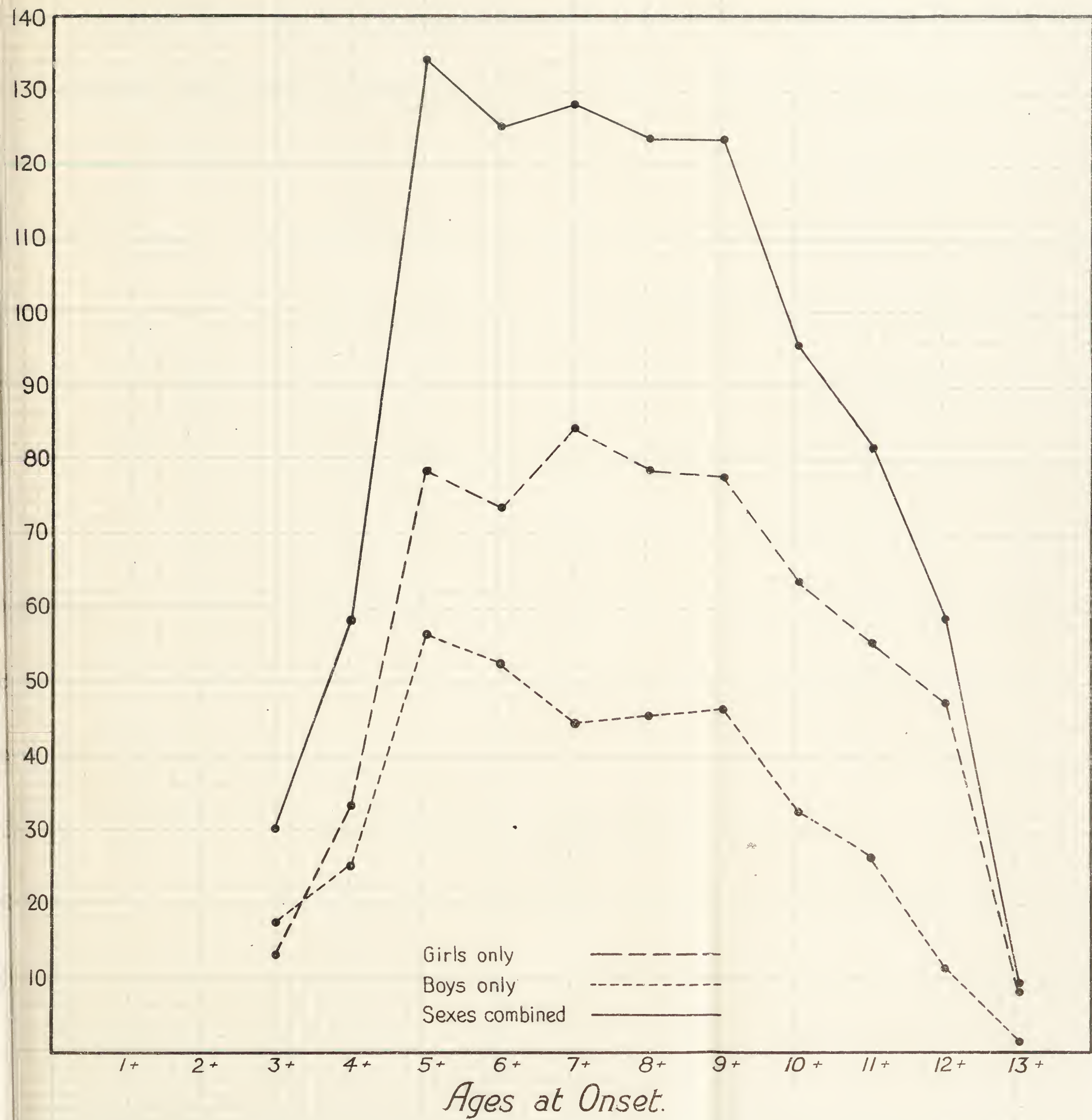




Table 2.

Age.	Under 3	3+	4+	5+	6+	7+	8+	9+	10+	11+	12+	13+
Girls	19	13	33	78	73	84	78	77	63	55	47	8
Boys	10	17	25	56	52	44	45	46	32	26	11	1
Both Sexes	29	30	58	134	125	128	123	123	95	81	58	9

When the proportions of girls to boys at the different age groups are worked out so as to be made comparable, an interesting point is brought to light, viz., that the susceptibility of girls as compared with boys becomes steadily greater as age increases, except at the ages of 8 and 9. This is shewn in the accompanying table.

Table 2(a).
Proportion of Girls to Boys at the different ages.

Age.	Under 5	5+	6+	7+	8+	9+	10+	11+	12+	13+
Girls	125	139	140	190	173	167	197	211	427	800
Boys	100	100	100	100	100	100	100	100	100	100

28. In 278 cases, or 27 per cent., the existence of Chorea was recorded, 189 of these being girls and 89 boys, indicating that the nervous system of the girls is twice as susceptible to rheumatic infection as that of the boys, as compared with a proportion of 5 to 3 when all forms of Rheumatism are taken into consideration.

Frequency of
Chorea and
Carditis.

29. There was evidence of the heart having been affected in 624 cases, or 62 per cent., but there did not appear to be any difference in susceptibility to heart infection between the two sexes.

30. In order to ascertain whether or not social status had any bearing on the incidence of the disease, the cases were classified according to the occupations of the fathers into the following groups :—

Status of the
Families.

- Group 1.** Professional, clerical, shopkeepers, etc.
- Group 2.** Skilled and semi-skilled workers.
- Group 3.** Unskilled workers, unemployed, father dead, etc.

The first group may be roughly regarded as representing families in which the fathers were in more or less permanent positions with good and regular incomes, the second those in which the wage earners were in regular employment but not in receipt of such good incomes as the first group, and the third as representing those in the poorest social circumstances. The accompanying table gives the percentages of the rheumatic and control cases in the three groups referred to:—

Table 3.

			Rheumatic.	Control.
Group 1	...	...	11·4	12·4
Group 2	...	...	39·9	46·2
Group 3	...	...	48·7	41·4
TOTAL	...	...	100·0	100·0

It will be noted that the percentages in the rheumatic and in the control cases differ slightly in the three groups, and it was for this reason that, for the purpose of subsequent tables, the adjustment referred to earlier in the report was made in order that the data with regard to the control and the rheumatic cases should be as comparable as possible.

**Parental
Rheumatism**

31. Information was obtained concerning the history of rheumatism in the parents of the rheumatic cases and the controls, and it was found that in the cases of the former there was a history of maternal rheumatism in 26·1 per cent. as compared with 11·3 per cent. in the control families, whilst the figures for paternal rheumatism were 17·8 per cent. and 5·2 per cent. respectively. In 5·5 per cent. of the rheumatic cases and 4 per cent. of the controls both parents were rheumatic.

These figures shew that in 44 per cent. of the families of the rheumatic children, one or other, or both, of the parents had a history of rheumatism, whereas in the control cases parental rheumatism was only reported in 16·5 per cent. of the cases. It will also be noted that the disease is more frequent in the mothers than the fathers, in approximately the same proportion as was found in the case of the rheumatic girls and boys included in the investigation.

32. With regard to rheumatism in the grandparents, uncles and aunts, of the children affected, it was found that these relatives were more frequently affected than those of the control cases, in the proportion of 5 to 2. A further point of interest is that the disease was recorded in 14·8 per cent. of the brothers or sisters of the rheumatic cases, as against 3·9 per cent. in the case of the controls.

**Familial
Rheumatism.**

33. So far as the general health of parents was concerned, it was found in the case of the fathers that the health was bad or unsatisfactory in 32 per cent. of the rheumatic cases as against 18 per cent. of the controls, whilst in the case of the mothers the figures were 36 per cent. and 18 per cent. respectively. From this it will be seen that there is a greater incidence of rheumatism amongst the children of unhealthy parents.

**Health of the
Parents.**

34. From time to time it has been suggested that scarlet fever has some causal relationship to rheumatism, and accordingly enquiries were made as to whether the rheumatic and control cases had previously suffered from scarlet fever. The incidence of scarlet fever was, however, similar in both cases, and there was, therefore, no statistical evidence in support of this suggestion.

**Association
with
Scarlet Fever.**

35. In the Ministry of Health enquiry of 1924 into the incidence of rheumatic diseases amongst the insured adult population, it was reported that dental sepsis was frequently found to be associated with all forms of rheumatic disease, with the exception of acute rheumatism. The great prevalence of dental sepsis amongst the insured population as a whole should, however, be borne in mind,

**Association
with
Dental Sepsis.**

and to be of real scientific value, therefore, the condition of the teeth of the rheumatic cases should be compared with the dental condition of non-rheumatic cases used as controls. In the present enquiry this procedure was adopted, the condition of dental sepsis, when present, being classified by the examining doctors as slight, moderate or severe. From the information obtained the following table has been drawn up:—

Table 4.

			Dental Sepsis Present.				No Dental Sepsis Present.	Total Examined.
RHEUMATIC CASES.			Slight	Moderate	Severe.	Total.		
No. of cases	...	...	156	24	4	184	664	848
Percentages	...	...	18·2	2·8	0·5	21·5	78·5	100
CONTROL CASES.								
No. of cases	...	...	75	11	—	86	610	696
Percentages	...	...	10·8	1·6	—	12·4	87·6	100

From this table it will be seen that dental sepsis was nearly twice as prevalent amongst the rheumatic cases as it was amongst the controls.

36. The condition of the tonsils and the history of sore throats are given in the two following tables:—

Table 5.

Tonsillar Enlargement.

				RHEUMATIC CASES.				CONTROLS.			
Tonsils.				Removed.	Normal.	Enlarged.	Much Enlarged.	Removed.	Normal.	Enlarged.	Much Enlarged.
No. of cases	...	...	...	137	412	261	37	29	505	140	23
Percentages	...	...	...	16·1	48·7	30·8	4·4	4·2	72·4	20·1	3·3
TOTAL INVESTIGATED				848				697			

Association
with
Enlarged
Tonsils and
Sore Throats.

Table 6.
History of Sore Throats.

	Rheumatic Cases.	Controls.
No. of cases	383	124
Percentages	45·3	19·2
TOTAL INVESTIGATED	845	697

37. It will be observed that in 16·1 per cent. of the rheumatic cases the tonsils had been removed, as compared with 4·2 per cent. of the control cases, but the probable explanation of the marked difference in these percentages is the fact that in doubtful cases a history of rheumatism is often the determining factor when considering the necessity for operation. Out of 131 rheumatic cases operated upon, 109 had shewn evidence of rheumatic infection prior to the operation.

38. It will also be noted that, disregarding the cases in which the tonsils had been removed, 35·2 per cent. of the rheumatic cases and 23·4 per cent. of the controls had tonsils which were regarded by the investigators as more or less enlarged, thus shewing a considerably greater prevalence amongst the rheumatic children. Similarly, sore throats were reported to have occurred considerably more frequently in the case of the rheumatic children than amongst the controls.

39. With regard to the adequacy or otherwise of the clothing, observers in London found that rheumatic children were less well clothed than non-rheumatic children, but as far as the Liverpool enquiry is concerned there was practically no difference in this respect between the rheumatic and the control cases, and a similar finding was also obtained in a recent Glasgow investigation.

**Clothing and
Footgear.**

40. The results of the investigation into the question of the suitability of footgear are shewn in the following table:—

Table 7.

Footgear.	RHEUMATIC CASES.				CONTROLS.			
	Good.	Fair.	Bad.	Total.	Good.	Fair.	Bad.	Total.
No. of cases	789	165	41	995	610	76	10	696
Percentages	82·2	14·3	3·5		87·6	10·9	1·4	

The footgear was classified as good only when the boots were regarded as comparatively water-tight. It will be noted that the footgear of the control cases was slightly better than that of the rheumatic cases.

41. The enquiry also elicited the fact that 20 per cent. of the rheumatic cases, owing to non-possession or inadequacy of over-coats, sometimes came to school in damp garments, as compared with 13 per cent. of the controls.

As the control and rheumatic cases had been corrected so as to represent the different grades of social status in the same proportions, the differences in these percentages are suggestive of the influence of parental care, to which attention has also been drawn by other social investigators.

Housing
Conditions.

42. With regard to the housing conditions, which, as mentioned earlier, were reported upon by the District Sanitary Inspectors, the living rooms and sleeping accommodation in the control cases were very slightly better than in the rheumatic cases, but when the airiness of the dwellings and their accessibility to sunlight were considered the difference was considerably more marked in favour of the controls, 77 per cent. of controls being recorded as living in houses in which the accessibility to sunlight was good, as compared with 65 per cent. of the rheumatic cases.

43. Dampness of dwellings has, for a long time, been regarded as a likely etiological factor of rheumatism, and the following data have been recorded by investigators shewing the percentage of rheumatic cases living in damp houses in other areas; the figure for the present investigation in Liverpool is also included.

Table 8.

Series.	Total cases.	Percentage from Damp Houses.
B.M.A. Investigation	196	62.2%
Children's Hospital, Gt. Ormond Street, London ...	121	30.0%
Royal Hospital for Sick Children, Glasgow	200	33.5% (Controls 23.0%)
St. Thomas' Hospital	400	39.8% (Controls 33.0%)
Kensington Investigation	122	37.7%
Present Investigation (Liverpool)	1,000	26.0% (Controls 17.8%)

It will be noted from the table that the Liverpool percentage of cases from damp houses is easily the lowest.

SUMMARY.

44. Perhaps the most interesting point that has been elicited in the Liverpool enquiry is the fact that the estimated incidence amongst the school children is the lowest hitherto recorded in investigations throughout the country.

45. Girls have been found to be more susceptible than boys to rheumatism generally in the proportion of 5 to 3 whilst so far as chorea is concerned they are twice as susceptible as boys.

46. The most critical ages for the onset of rheumatism are those from 5 to 9 years inclusive, the largest number of cases in any one year occurring at the age of 5. The incidence rises sharply between the ages of 3 and 5, and declines somewhat less rapidly after the age of 9.

In 62 per cent. of the cases there was evidence of the heart being affected, but there was no apparent difference between the two sexes in the susceptibility.

47. It was found that rheumatic infection was considerably more common amongst the parents of the rheumatic children than

in the case of the controls, in the proportions respectively of 3·4 to 1 in the case of the fathers and 2·3 to 1 in the case of the mothers, which is, at first glance, very suggestive of the importance of heredity or infection as causal factors. But there are other points which have to be borne in mind before accepting these theories.

48. The enquiry also elicited the fact that the general health of the fathers and mothers of the rheumatic cases was more unsatisfactory than in the case of the controls in the proportions respectively of 2·8 to 1 for the fathers and 2·1 to 1 for the mothers, proportions which bear a close approximation to those quoted above for the incidence of parental rheumatism. From this it may be inferred that as the general health of the parents of the rheumatic cases was more frequently unsatisfactory than in the case of the control families, the rheumatic children had probably not so good a chance of being well cared for; this, if so, would indicate that environmental factors were partly responsible for the greater incidence of the disease in rheumatic families.

49. Evidence in support of the influence of environment is afforded by the fact that the rheumatic children had somewhat worse footgear than the non-rheumatic children, and more frequently came to school in damp garments, whilst they were also at a slight disadvantage in respect of housing conditions.

50. The Medical Research Council appointed by the Privy Council to investigate the relation between social conditions and acute rheumatism in children, in their report in 1927, found that in certain Poor Law Institutions the prevalence of rheumatism was only about one quarter of that found amongst the Public Elementary School children drawn from poor homes. Commenting on this, the Council concluded that if heredity played any considerable part in determining the incidence of rheumatism, the disease might be expected to be little, if at all, less frequent in the children in the Poor Law schools than in those outside. The comparative immunity of these children supports the idea that a high standard of food, clothing, housing and general care does much to prevent the disease.

51. In the Liverpool enquiry dental sepsis was found to be almost twice as prevalent amongst the rheumatic children as amongst the non-rheumatic children. This does not necessarily mean that rheumatic children are more liable to dental caries and dental sepsis than the non-rheumatic children, but it may be due to a greater neglect of the teeth in the case of the former families. Enlargement of the tonsils was considerably more frequent than amongst the controls, whilst a history of sore throats was more than twice as frequent amongst the rheumatics. These facts point strongly towards the importance of unhealthy conditions of the mouth and throat as a predisposing cause.

52. As in all probability rheumatism is due to an organism of low infectivity, no marked advance in controlling the disease can be expected until further knowledge of its cause has been obtained from the bacteriological side.

From the findings of the investigation, viewed as a whole, it would appear that there is some slight evidence of hereditary predisposition, and clearer evidence that unhealthy conditions of the mouth and throat render the children more susceptible, and that adverse environmental circumstances are also important contributory factors.

53. The general trend of all those social activities which have been a marked feature of recent years, such as improved housing conditions, school medical inspection and treatment, infant welfare work, the movement toward open-air education and the increasing attention that is being given to the older children in school to the subjects of homecraft and domestic science, are unquestionably helping towards the reduction of the incidence and mitigation of the severity of the disease.

54. Although with the present amount of knowledge rheumatism cannot be prevented entirely, there can be no question but that much of the disablement attributable to this disease could be obviated by the provision of a Hospital School for children convalescing from acute attacks.

DENTAL INSPECTION AND TREATMENT.

55. The Dental Staff has remained at the same strength during the year, viz., 6 whole-time officers, but in December a seventh officer was appointed to commence duty early in the New Year.

The following table shews the work carried out under the Dental Scheme for the children attending the public elementary schools, together with the corresponding figures for the previous two years :—

Table 9.

					1928	1929	1930
Number of children examined in school	...	...			64,092	55,789	55,499
Number of children requiring treatment	...	...			47,645 (74·3%)	43,526 (78·1%)	43,010 (77·3%)
Number of cases accepting treatment under the Dental Scheme	...	...	...	...	14,994 (31·5%)	16,555 (38%)	17,325 (40·3%)
Number of cases treated	...	...	...	...	15,217	15,570	16,581
Number of schools treated	...	...	...	...	100	90	97

56. The percentage of parents accepting the treatment offered was, until two years ago, about 31 per cent., but since then it has increased to 40·3 per cent., a figure which, whilst encouraging, still compares unfavourably with that obtaining in certain other large areas.

57. The Clinic previously held at the Technical Schools, Garston, was transferred to new premises at Clifton Street in August. The popularity of the Dental Scheme in this area continued to be a marked feature, over 50 per cent. of the children who were found to have defective teeth having applied for treatment. This was, no doubt, partly attributable to the fact that other public facilities for treatment, e.g., Hospitals, are difficult of access from Garston.

58. The opening of the new Dental Clinics at Norris Green and at Everton Road in 1931 will widen considerably the scope of the Dental Scheme, but there is also great need for facilities for dental treatment in the Walton and Old Swan districts, where there are a considerable number of school children. A complete School Dental Service should be in a position to offer preventive dental treatment to every child that requires it, and this cannot be the case while large areas are left outside the Scheme through lack of Clinic facilities and shortness of staff. The provision of two new Clinics, one at Walton and one at Old Swan, together with the appointment of the necessary staff to operate them, would bring almost the whole of the elementary school children of Liverpool within reach of a Dental Clinic.

59. Cases in which undue bleeding follows the extraction of teeth are familiar to every dental practitioner, and the treatment of these cases is often troublesome. Such bleeding is generally due to a diminished clotting power of the blood, caused by an alteration in its calcium content. When the large number of dental extractions carried out yearly at the school Clinics is borne in mind, it will be realised that a proportion of the children will be almost certain to have this post-operative hæmorrhage. In order to obviate this complication, all children known to be prone to excessive bleeding have, during the last three years, been given tablets of a calcium preparation for a few days prior to their treatment, and this procedure has proved eminently successful, no cases of post-operative hæmorrhage having occurred amongst the children so treated.

60. That the necessity for looking after the teeth of their children is becoming more generally recognised by parents is shewn not only by the increase in the proportion of acceptances received for dental treatment as a result of the periodical examinations, but also by the number of parents who make application at the Office or through the school teachers on behalf of children who have not been recently examined in school. There are still, unfortunately, a considerable number of parents who refuse treatment when it is found by the dental inspector to be necessary, but who subsequently

make application for treatment on account of the development of toothache. Such children then have to be treated as urgent cases and given priority over other children, which causes considerable interference with the ordinary routine of the School Clinics.

61. There is great need for enlightenment among parents and children as to the value of regular dental treatment and the simple facts of dental hygiene. The toothbrush is entirely lacking in many homes, and the practice of eating soft and starchy foods at night without a subsequent cleansing of the teeth is very prevalent and is probably responsible for a considerable amount of dental decay. Whilst it is easy by such attention to dental hygiene and by regular conservative treatment to limit the amount and spread of dental decay and entirely to prevent oral sepsis, much of the decay encountered is brought about by faulty nutrition of the child in infancy and early years. It has been proved that for the proper calcification of the teeth and the consequent ability to resist decay there must be present in the dietary a sufficiency of the anti-Rachitic Vitamin D. The researches of Mrs. Mellanby have shewn that this vitamin is either absent from, or deficient in, bread, rice, oatmeal, barley, sugar, fruits, jam, most vegetables, lean meat and white fish. As the dietary of the poorer people is almost entirely confined within the limits of these foods, it is not surprising that 77 per cent. of the school children are found to be suffering from dental decay. The foods which are richest in this tooth-forming vitamin are egg yolks and fish fats—particularly cod liver oil—but milk, butter, cheese and animal fats are also valuable sources. There can be no question but that if the dietary of the expectant mother and the growing child could be adapted to include these foods in a much greater degree, the incidence of dental decay among school children would be very considerably lessened.

TONSILS AND ADENOIDS.

62. The number of children found at the routine examinations to require treatment for these defects was 936 (2·0 per cent.), a slightly higher proportion than was noted during the four previous

years. In addition, 763 children requiring treatment for these defects were seen as special cases.

In 800 instances, children who were found with moderately enlarged tonsils and adenoids were referred to Mr. Yorke, the Committee's Surgeon, for his opinion as to the need for treatment, and he recommended operation in 58·0 per cent. of these cases.

63. The Clinic was held on 150 occasions, and, although only 12 beds were available, an average of 11·54 cases were treated per session. The total number of cases treated was 1,713, which included 34 special school cases. This number was a considerable increase upon the number operated upon during the previous year, and was occasioned by the fact that the Clinic was opened on extra sessions in order to reduce the waiting list, which had become unduly large.

The operations were as follows:—

Tonsils only	...	...	...	...	...	1,030
Adenoids only	...	...	...	...	...	135
Tonsils and adenoids	...	...	...	...	...	548
						<hr/>
Total	...	...	...	...	...	1,713
						<hr/> <hr/>

The anæsthetic used in every case was nitrous oxide gas, which is almost entirely devoid of the risk of bad effects, either at the time of operation or subsequently.

64. In 35 cases in which tonsils or adenoids had been removed, hæmorrhage occurred subsequent to the children being discharged from the Clinic; 7 of these cases were admitted to hospital, 9 treated at home by the family doctor, 15 at home (without a doctor), whilst 4 were re-admitted to the Clinic.

65. Every possible care is taken of the cases when under treatment at the Clinic, and when the children are discharged from the Clinic the parents are given printed instructions with regard to the after treatment. They are also systematically followed up at the homes by the Health Visitors, the number of visits made during 1930 being 2,687.

DISEASES OF THE EAR.

66. The School Medical Officers during the Routine Inspections discovered 819 cases of otorrhœa (discharging ears), which represents 1·74 per cent.

There were also discovered 382 cases of deafness (0·8 per cent.). The parents of all these children were advised as to the best means of securing treatment.

67. Dr. F. P. M. Clarke, who carries out the Zinc Ionisation treatment at the Aural Clinic, reports that this is a certain, rapid and most satisfactory method of treating cases of chronic otorrhœa. During the year 479 cases were treated, and of these 244 were cases of simple tympanic sepsis which required on an average two applications of ionisation, after which 87 per cent. of the cases were cured. Ten cases of acute otitis media were seen at the Clinic, six of which were referred to Hospital for immediate operation, the remaining four having already perforated when first seen at the Clinic were successfully treated there by antiseptic methods. In 10 per cent. of the cases diseased tonsils and adenoids were found present, and these cases were operated upon at the Committee's Clinic prior to treatment of the ear condition.

Four pre-school cases were referred from the Infant Welfare Centres, all of which were permanently cured after two weeks' treatment.

68. The cases which present the most difficult problem with regard to treatment are those associated with a diseased condition of the mastoid bone, all of which require some form of operative treatment. There is information that 73 of such cases had been referred to the General and Special Hospitals for treatment, but that only a few of them had been admitted and treated. It is unfortunate that there should be such difficulty in securing beds in hospitals for the treatment of these cases, for not only do they run considerable risk of grave complications arising, but their condition necessitates continued attendance, possibly for years, at the Minor Ailments Clinics, involving much loss of time with regard to their education. It is hoped that in the near future it

may be possible for the Committee to make arrangements for the very desirable In-patient treatment of such cases.

69. The following table shews in detail the classification of the cases dealt with at the Aural Clinic and the nature of the work undertaken:—

Table 10.

Total number of children examined for Aural and Nasal defects	...	...	...	...	591
Acute Suppurative Otitis Media:—					
Referred to Hospital for operation	...	6	}	10	
Treated at Ear Clinic	...	4			
Sub-acute Otitis (with discharge):—					
Treated by “antiseptics”	...	...	...	16	
Chronic Suppurative Otitis Media:—					
Both ears discharging	...	...	50	}	453
One ear only discharging	...	...	403		
Deafness (apart from Suppurative Otitis)	...	...	...	32	
External Otitis and Auricular Eczema	...	...	...	17	
Nasal conditions, including:—					
Rhinitis, Sinusitis, and enlarged Tonsils and Adenoids:—					
Associated with Chronic Otorrhœa	97	}	129		
Not associated with Chronic Otorrhœa	32				
Wax and other conditions...	...	...	...	15	

Treatment and Recommendations.

Zinc Ionisation	...	...	...	...	479 (ears)
“Antiseptic” treatment, alone	...	...	...	...	11
“Antiseptic” treatment, combined with Ionisation	...	...	...	...	5
Granulations removed	...	...	...	...	93
Polypi removed	...	...	...	...	9
Wax removed	...	...	...	...	14

Referred to Minor Ailments Clinics	...	...	39
Referred for Home treatment	...	...	10
Referred for Tonsils and Adenoids removal (34 operated)	...	...	65
*Referred to Hospitals for Radical Mastoid operation	...	...	73
Cases examined—No treatment required	...	...	28

* NOTE.—This number includes “chronic” cases remaining over from two or three previous years. (Referred with a view to having mastoid operation performed as all other forms of treatment had failed.)

Table 11.
Return of “Discharging Ears” treated by Zinc Ionisation
(Friel’s Classification).

Causes of Suppuration.	Total.	Cured.	Im- proved.	Left School or lost sight of	† Referred for other treatment.	Still under Treatment on 31.12.30
CHRONIC SUPPURATIVE OTITIS MEDIA.						
I. Tympanic conditions solely :—						
(a) Tympanic Sepsis	244	212	5	12	—	15
(b) Tym. Sep. + Granulations	93	71	5	6	7	4
(c) do. + Polypi	9	5	2	—	2	—
(d) do. + Caries	13	4	2	2	5	—
II. Tympanic conditions combined with :—						
*(a) Tonsils and Adenoids	49	32	—	4	7	6
(b) Nasal Conditions	41	30	2	3	—	6
III. Tympanic conditions combined with :—						
(a) Attic Disease	4	3	—	—	—	1
(b) Mastoid Disease:—						
†(1) Previous Operation	3	2	—	—	—	1
(2) No Operation	5	—	—	—	5	—
IV. Tympanic conditions combined with :—						
(a) External Otitis	8	6	—	1	—	1
(b) Stricture of Meatus	3	—	1	—	2	—
V. External Otitis	7	7	—	—	—	—
TOTALS	479	372	17	28	28	34

NOTES.—
* 49 Tonsils and Adenoids referred for removal. 34 Tonsils and Adenoids removed.
† Less than two months since operation,
‡ “Referred for other treatment” means for “Radical Mastoid operation.”

DEFECTIVE VISION.

70. The routine testing of the vision is not carried out in the case of the entrants, but 874 were found to have defective vision, attention having been drawn to the defect in 79 per cent. of these cases by the presence of squint.

The number of children with defective vision, including squint, found at the routine examinations of the intermediates and leavers was 5,721 (20·0 per cent.), but 51·6 per cent. of these cases were already under observation, the majority having been already supplied with glasses.

In addition to the routine cases, 4,804 were seen as special cases, and of this number 3,606 (75·0 per cent.) were already known to re-examined at the Clinics was 2,587.

71. The number of new cases treated under the Committee's scheme was 3,582, as compared with 3,228 in 1929, whilst 198 children were treated privately or at the Hospitals. The number the department.

72. At the re-inspections in the schools, 12,067 children, who had been provided with glasses, were seen, and of these 3,919, or 32·4 per cent., were found not to be wearing them, which is a slight improvement in the percentage recorded in the previous year. Glasses
not worn.

73. Dr. Livsey, the Committee's Oculist at the Clinics, reports that the quality of the frames supplied under the new contract is a great improvement. The glasses are, as far as possible, given out after school hours, thereby reducing the time of absence from school to a minimum. Re-examinations are frequently asked for, and the general attitude is that of increased and increasing co-operation with the work of the Clinics. Simple explanations of each case are given to the parents, and more intelligent interest and co-operation result. The final examination just prior to leaving school is much appreciated, especially in cases of myopia and in Secondary School cases. By so doing the best possible equipment for work is provided, and regret is frequently expressed

by the parents that the children are about to lose the advantages provided for them by the Education Committee during school life.

74. One is struck by the prevalence of early myopia amongst the pupils of the Secondary Schools, particularly those who have gained scholarships or free places and are fond of reading, and it would be of value and interest if a relationship between excessive study and incipient myopia could be definitely proved.

There have again been no cases of trachoma during the year, and only three or four cases of relapsing corneal ulceration: the severe cases are rarely seen now, owing to the early treatment at the Minor Ailments Clinics of those lid conditions which predispose to corneal infection and ulceration.

75. The scheme of the Health Committee for the treatment of squint in pre-school children by the early provision of glasses has been taken advantage of in a slightly larger number of cases. Parents of school children are often surprised and distressed when the Oculist demonstrates to them the loss of sight which has occurred in the squinting eye through waiting for treatment until the children have been admitted to school.

STAMMERING.

76. During the routine examinations at the schools, 234 children suffering from this defect were discovered, the stammer being moderate or severe in degree in about one-third of the cases; a further 89 cases were also presented by the teachers for examination as special cases.

The incidence of stammering amongst the children discovered at the routine examination was:—Entrants, 0·11 per cent.; Intermediates, 0·53 per cent.; Leavers, 1·05 per cent.

77. The classes for Stammerers, held in the North Corporation School, Bevington Bush, have now been in operation for $3\frac{1}{2}$ years. During this period 302 children have received treatment, and the following is a summary of the results obtained:—

165 discharged by the Medical Officer as cured.

57 left school or transferred to Secondary or Technical Schools before treatment was complete.

20 were withdrawn from the classes, as the parents objected to them continuing with the treatment.

60 cases were discharged for irregular attendance, poor mental condition, or because of indifference to being cured, and consequently making no effort to assist in the treatment.

78. Before admission each child is examined by one of the Medical Officers, in order to secure that any physical defects, such as enlarged tonsils and adenoids or defective eyesight may be remedied, and the child thus given a better chance of being cured. Printed pamphlets are issued to the parents and teachers shewing how they can assist in the treatment.

79. Miss K. E. Jones, the teacher in charge of the classes, reports that during the year 1930 increasing co-operation on the part of the parents has been a gratifying feature, and that the prejudice with which the classes were regarded at the outset is now less frequently encountered. In some instances, however, the parents have removed their children after about a month's treatment on the grounds that no improvement is noticeable, or the condition is even getting worse; this may sometimes be true, but is only a temporary phase.

In this connection, it is interesting to note that in some compositions which the children were asked to write on "Good Speech" the opinion was expressed by several that it was much better to be without a stammer out of school, but in school it "helped if you stammered badly, because you did not have to read or answer questions, or speak poetry." This attitude of mind, which is more particularly taken by boys between the ages of 12 and 14, probably explains why some of the cases during the early stages of their treatment appear to go worse, as possibly these children, being frightened to take part in the speaking exercises, may reason with themselves that if they stammer they will be allowed to sit and dream, or, in other words, they develop what might be termed a "stammer defence complex." Should they develop such a complex, the stammer will undoubtedly appear to be worse both in their ordinary school and at home. It is never possible to say beforehand if any particular child will develop this complex, although any such development can practically always be overcome in time, when the child's confidence has been

established and they have been encouraged to take part in the singing exercises, etc.

80. When statistics were taken in London, through the Speech Clinic at St. Thomas' Hospital, it was found that nearly 70 per cent. of the stammerers were "only" children, and this has given rise to the theory that only spoilt children stammer. This is not so in Liverpool, an "only" child stammerer being very rare indeed, only 3·3 per cent. of the cases investigated coming under this category.

Experience has shewn that stammerers are particularly liable to respiratory troubles, and as incorrect breathing has always been a feature of stammering, it is quite possible that chest weakness is responsible for a great deal of the trouble.

MINOR AILMENTS.

Scabies.

81. The number of children reported as suffering from scabies was 471, as compared with 249 in 1929, 258 in 1928, 449 in 1923, and 898 in 1921. It was found necessary during the year to make use of the special facilities for treatment at Beacon Street Cleansing Station for 59 of the cases. This Clinic has now been transferred to Eldon Place.

External Eye Diseases.

There were 587 cases (1·2 per cent.) of external eye diseases discovered at the routine examinations, one-half of these being cases of blepharitis. Many of these defects, particularly blepharitis, are chronic when first discovered, a large number having commenced during pre-school life, most frequently as a sequela of an attack of measles.

Minor Ailments Clinics.

82. During the year, 23,515 cases were treated at the Minor Ailments Clinics, altogether 320,374 attendances having been made by the children, the average number of attendances per child being 13·6.

The number attending daily at these Clinics fluctuates considerably, the attendance on some occasions being more than double the average daily attendance for the year. The largest number that attended on any one session was 450 at the North Corporation Clinic, 417 at Erskine Street, 416 at St. Gabriel's, and 282 at St. Dunstan's.

The following table shews the number of defects treated and the average daily attendance at the various Clinics:—

Table 12.

Shewing the number of defects treated at the Minor Ailments Clinics and the average daily attendance at each Clinic.

DEFECTS TREATED.	NAME OF CLINIC						TOTALS.
	St. Gabriel's.	North Corporation.	Erskine Street.	St. Dunstan's.	Westminster Road.	Old Swan.	
SKIN DEFECTS—							
Ringworm of the Body	59	50	41	10	49	17	226
Impetigo...	536	231	606	1,024	311	281	3,000
Other Defects ...	164	299	193	149	597	42	1,455
EAR CONDITIONS—							
Wax ...	81	59	40	20	36	12	258
Otorrhoea ...	215	259	231	183	204	108	1,235
Other Defects ...	33	138	57	61	89	34	428
EXTERNAL EYE DISEASE—	579	877	395	291	415	122	2,721
MISCELLANEOUS DEFECTS— (Sores, Minor Injuries, etc.)	2,211	3,926	2,624	1,879	1,659	808	14,192
TOTALS ...	3,878	5,839	4,187	3,617	3,360	1,424	23,515
Average daily attendance ...	243·8	221·8	195·9	138·2	131·1	93·3	1,050·4
Average daily attendance excluding Saturdays ...	284·6	259·6	227·8	161·4	153·6	107·6	1,226·3

RINGWORM OF THE SCALP.

83. There were 174 cases of the disease, the lowest figures hitherto recorded, the numbers being 209 in 1929, 268 in 1927, and 426 in 1925. The reported cases are examined as soon as possible at various centres in the City by certain of the School Medical Officers who have had special experience in this work, the cases being re-examined as occasion requires in order that the children may be re-admitted to school as soon as a cure has been effected.

The number of cases outstanding at the end of the year was 74, compared with 93, 103, 111, 135 and 179 for the preceding five years. These figures afford additional evidence that the disease is gradually becoming less prevalent.

The following table shews in percentages the duration of the cases outstanding at the end of the year, the figures for the preceding three years being also given for the purposes of comparison :—

Table 13.

Duration.			1927	1928	1929	1930
Under 3 months	...	...	31·7	21·9	24·0	46·9
3 to 6 months	...	...	35·6	31·3	31·6	20·3
6 to 9 months	...	...	11·5	17·7	20·3	18·8
9 to 12 months	...	...	8·7	11·4	6·4	3·1
12 to 18 months	...	...	7·7	9·4	11·3	6·3
Over 18 months	...	...	4·8	8·3	6·4	4·6
			100·0	100·0	100·0	100·0

X-Ray Clinic. 84. The X-ray treatment of the disease has been continued at the North Corporation Treatment Centre, the Clinic being opened on 40 occasions and 106 new cases treated, 1 of these being a Higher School case.

TUBERCULOSIS.

85. At the routine inspections, 1 definite and 4 doubtful cases of phthisis were discovered, and in addition, 67 cases of tuberculous glands and 102 cases of other forms of tuberculosis, a total of 174 cases, or 0·37 per cent. of routine cases.

There were also seen at the Inspection Clinics, or as special cases at the schools, 45 definite or suspected pulmonary cases and 91 other forms of tuberculosis.

86. All cases of actual or suspected tuberculosis discovered by the School Medical Officers were referred to the Tuberculosis Officers for examination. The number of references so made was 122, whilst the Tuberculosis Department supplied information with reference to 2,480 school children who had been reported from various sources as possible cases of tuberculosis, but the majority of these, however, proved to be non-tuberculous. Of the 2,480 references received, 1,301 were new cases, of which 911 were non-tuberculous.

87. At the end of the year, the total number of children of school age known to the department to be suffering from active pulmonary tuberculosis was 202, whilst the non-pulmonary cases numbered 194. Of the 202 cases of pulmonary tuberculosis, 84 were in institutions, chiefly Fazakerley and Broadgreen Sanatoria, where special open-air classes were arranged for those children whose state of health permitted.

88. Dr. Rundle, the Medical Superintendent of the Fazakerley Sanatorium, reports that the average number of children receiving instruction in the school attached to the Sanatorium for the year was 47, comprised as follows:—

Pulmonary cases with negative sputum	...	30
Pulmonary cases with positive sputum	...	12
Non-pulmonary cases	... ..	5

**Fazakerley
Sanatorium
School.**

Regular visits have been paid by the Dental Surgeon, and routine repair work has been carried out as in previous years.

Tonsils and adenoids were removed in three cases only, the advanced stage of the disease making this operation undesirable in many of the cases.

**Broadgreen
Sanatorium
School.**

89. Dr. Macintyre, the Medical Superintendent of Broadgreen Sanatorium, reports that during the year the average attendance at the school was 30·6, the average number on the roll being 41. To illustrate the difficulty of instruction in a school of this nature, it may be mentioned that new pupils amounted to 33, a similar number having been discharged from the Sanatorium at different dates during the course of the year.

Reference should be made to the interest taken by the adult patients and the staff in the annual exhibition of the school children's work: and in the annual concert given by the school children, which included choruses, action-songs, dances, etc. The costumes worn in the concert were, as hitherto, made by the pupils.

INFECTIOUS DISEASES IN SCHOOLS.

90. The usual infectious diseases were slightly less prevalent during the year, 8,921 cases of children of school age being reported, as against 10,832, 8,750, 9,876 and 10,128 for the years 1926 to 1929 respectively. There was a very considerable decrease in the number of cases of measles compared with that of the previous year.

91. Diphtheria continued prevalent during 1930, and in the autumn a severe type became widespread, double the number of school cases of the disease occurring in 1930 compared with 1929. The numbers of cases increased very rapidly during the first

fortnight of September, several schools in West Derby being mainly affected. Numerous visits to schools were paid, and swabs were taken from 796 children for the detection of carrier cases. Of these, 49, or 6·2 per cent., were positive, and these children were excluded until they ceased to be infectious.

Scarlet fever was also prevalent in the spring months, but the prevalence was not so high in the autumn as in the previous year.

During 1930, altogether 101 visits to schools were made by the Assistant Medical Officer of Health on account of the presence of infectious disease.

Whooping cough, chicken-pox and mumps were less prevalent than in 1929. There were two cases of encephalitis lethargica amongst children between the ages of 5 and 15.

92. Special action had to be taken on account of infectious diseases during the year as follows:—Infants' Departments were wholly or partially closed in 25 cases for measles, in two instances for diphtheria, in two instances for diphtheria and for measles, and in two for measles and another disease. One Infants' department was closed on account of whooping cough.

On several occasions the exclusion of all children who had not previously suffered from the disease was found practicable. This procedure is not always feasible, as it would in most instances reduce the attendance below that which would render it worth while to keep the school open. In the case of outbreaks of two diseases this method is not likely to be so successful.

The following tables shew the number of cases of the common infectious diseases, with the ages of the children affected, and the monthly distribution of the cases:—

Table 14.

SCHOOL CASES OF INFECTIOUS DISEASE.

Age Distribution.

Disease.	Under 5	Under 6	Under 7	Total Under 7	Under 8	Under 9	Under 10	Under 11	Under 12	Under 13	Under 14	Over 14	Total 7 and over	GRAND TOTAL.
Diphtheria ...	32	285	360	677	300	241	246	215	138	125	100	27	1,392	2,069
Scarlet Fever ...	34	248	280	562	236	184	149	127	88	70	82	42	978	1,540
Whooping Cough	10	301	190	501	62	26	19	5	5	1	2	2	122	623
Chicken Pox ...	26	421	478	925	299	171	96	50	27	17	13	12	635	1,610
Mumps ...	5	96	109	210	52	23	21	11	12	4	8	1	132	342
Measles ...	109	1,340	820	2,269	245	98	46	27	20	12	13	7	468	2,737
	216	2,691	2,237	5,144	1,194	743	577	435	290	229	218	91	3,777	8,921

Table 15.

SCHOOL CASES OF INFECTIOUS DISEASE.

Monthly Distribution.

Disease.	Jan.	Feb.	March.	April.	May.	June.	July.	August.	Sept.	Oct.	Nov.	Dec.	Totals.
Diphtheria ...	181	181	153	154	169	166	116	117	236	206	186	204	2,069
Scarlet Fever ...	239	161	144	119	135	125	100	81	130	103	109	94	1,540
Whooping Cough ...	115	96	76	40	85	68	3	25	32	17	35	31	623
Chicken Pox ...	258	116	243	186	235	224	24	34	50	95	82	63	1,610
Mumps ...	13	23	47	21	25	81	1	6	5	39	54	27	342
Measles ...	45	87	109	78	116	164	80	48	208	347	621	834	2,737
	851	664	772	598	765	828	324	311	661	807	1,087	1,253	8,921

NOTIFICATION OF DEFECTS AND FOLLOWING UP.

Presence of
Parents.

93. During 1930 the percentage of parents attending the routine examinations was as follows:—In the case of the Entrants 80·4 per cent., in the case of the Intermediates 43·6 per cent., but the percentage of parents attending the medical examination of the group of Leavers was only 15·4 per cent. Should the parents not be present at the time of the examination, and it be considered particularly desirable to discuss the health of their children with them, special efforts are made to secure their attendance on a subsequent occasion.

The scheme for the notification to parents of any defects found at the examination of their children, and the subsequent following up of such notification, remains the same as that described in previous Annual Reports.

94. The accompanying Table 16 shews the number of notices given or sent to parents concerning the various defects for which treatment was considered necessary, the numbers for 1929 being given for comparison. The considerable increase in the number of notices sent with regard to Mouth Breathing was due to the fact that such notices were given to all the parents of the children who had been operated upon at the Tonsils and Adenoids Clinic, at the time of their discharge.

Table 17 gives the results of the following up by the different agencies undertaking the work.

Table 16.
Notification to Parents re Defects.

Defects.	First Notices.		Second Notices.		Third and subsequent Notices.		Totals.	
	1929	1930	1929	1930	1929	1930	1929	1930
Defective Vision :—								
A.—Untreated cases	3,369	4,008	444	447	65	103	3,878	4,558
B.—Previously treated cases :								
(i) Glasses lost, broken, or unsuitable.....	3,259	3,558	22	31	1	4	3,282	3,593
(ii) Glasses not being worn ...	1,088	1,139	184	174	43	60	1,315	1,373
Eye conditions	92	88	4	3	—	—	96	91
Defective Hearing	24	72	1	4	—	—	25	76
Otorrhœa	53	56	3	1	—	1	56	58
Other Ear conditions	37	19	3	—	—	—	40	19
Enlarged Tonsils and Adenoids ...	1,919	2,372	172	188	40	47	2,131	2,607
Mouth Breathing	669	2,467	78	70	3	10	750	2,547
Defective Teeth :—								
A.—Referred by School Medical Officers	1,450	1,321	432	265	61	89	1,943	1,675
B.—Referred by School Dentists	43,526	43,010	—	—	—	—	43,526	43,010
Anæmia and Malnutrition	385	297	10	8	—	—	395	305
Skin conditions	92	101	1	—	—	—	93	101
Chest	206	160	6	4	—	—	212	164
Deformities	119	89	3	3	—	—	122	92
Other defects	868	1,083	39	45	13	12	920	1,140
Totals	57,156	59,840	1,402	1,243	226	326	58,784	61,409

Table 17.
Results of Following Up.

Following-up Agencies.	Carried over from previous year.	Referred during 1930.	Total.	Treated at School Clinics or elsewhere.	Treatment refused or evaded.	Left School, etc.	Total reported upon.	Cases still under observation at end of year.
SCHOOL ATTENDANCE STAFF—								
Vision	1,302	7,456	8,758	5,495	1,270	218	6,983	1,775
Dental: School Dentists' cases	9,960	43,010	52,970	18,372	28,117	726	47,215	5,755
Tonsils and Adenoids ...	373	2,724	3,097	1,930	757	38	2,725	372
Ringworm of Scalp ... (<i>re</i> X-Ray treatment)	6	146	152	102	43	—	145	7
HEALTH VISITORS' STAFF—								
Medical defects	171	443	614	157	366	17	540	74
General Neglect	254	2,910	3,164	2,934	—	—	2,934	230
Verminous	1,630	14,474	16,104	14,492	—	—	14,492	1,612
CHILD WELFARE ASSOCIATION—								
Medical defects	491	2,265	2,756	2,188	298	—	2,486	270
OTHER AGENCIES—								
Medical defects	—	42	42	36	—	—	36	6

INSPECTION CLINICS.

95. In addition to the work undertaken by the School Medical Officers at the schools and at the treatment centres, their services were utilised in the examination of absentees, children requiring certificates for employment, and certain special cases at the request of either the parent or the teacher.

These examinations are conducted mainly on Saturday mornings, and during the school holidays at "Inspection Clinics" which, for the convenience of parents, are held at 14 centres distributed over the City. The total number of examinations at these centres during the year was 9,718, of which 7,596 were made at the Central Inspection Clinic at the Education Office.

Children absent from school for any prolonged period are also examined by the School Medical Officers, except such cases as are known to be under regular medical treatment by practitioners or at institutions.

The following Table shews the defects from which the children, who were examined with regard to their fitness to attend school, were suffering, along with the total number of examinations made.

Table 18.
Examinations of Absentees.

DEFECT.						Total No. of examina- tions.	Children re-admitted to school.
Ringworm of Scalp	...	...	...	...	...	712	169
Scabies	...	...	...	...	...	939	397
Other skin conditions	...	...	...	...	...	124	58
Eye diseases	...	...	...	...	...	110	43
Ear diseases	...	...	...	...	...	14	8
Phthisis and (suspected) Phthisis	...	...	...	...	...	113	30
Other chest conditions	...	...	...	...	...	184	79
Tuberculosis other than Phthisis	...	...	...	...	...	98	37
Injuries and other Crippling Defects	...	...	...	...	...	123	48
Heart	...	...	...	...	...	174	55
Rheumatism	...	...	...	...	...	66	24
Heart and Rheumatism	...	...	...	...	...	86	25
Anæmia and Debility	...	...	...	...	...	387	146
Nervous conditions	...	...	...	...	...	131	38
Other defects	...	...	...	...	...	143	45
No defect found	...	...	...	...	...	11	11
TOTALS						3,415	1,213

EXCLUSIONS FROM SCHOOL.

96. The following table shews the number of children excluded from school by the Medical Officers in the course of their inspections, or at the various treatment Clinics, and the defects

for which they were excluded. The numbers for the preceding three years are also given for comparison. The large number of exclusions on account of eye diseases noted during the years 1927-8, which was due to several rather extensive outbreaks of conjunctivitis, has during the last two years shewn a marked diminution. The number of exclusions on account of scabies shews a considerable increase.

Table 19.

Defect.	1927	1928	1929	1930
Eye diseases	600	774	364	298
Scabies	76	97	120	215
Ringworm of body	30	12	5	4
Ringworm of scalp	157	113	96	88
Other skin conditions	169	176	195	191
Infectious diseases	97	181	94	100
Pediculosis	9	8	12	16
Chest conditions (non-tuberculous)...	15	10	14	86
Tuberculosis (all forms)	13	7	3	6
Otorrhoea	9	11	8	14
Miscellaneous	271	271	265	355
TOTALS	1,446	1,660	1,176	1,373

UNCLEANLINESS.

97. At the routine examinations, 18·4 per cent. of the girls and 6·32 per cent. of the boys were found by the Health Visitors to have verminous heads, whilst the bodies and clothing were infected in 0·81 per cent. of the boys and 0·60 per cent. of the girls. During the twelve months under consideration the Health Visitors made altogether 187,528 examinations re cleanliness, and in 14,210 instances the children were found to be verminous or very dirty.

98. The usual procedure adopted in such cases is to send the parent a printed notice drawing attention to the condition, and giving instructions as to the proper method of remedying the condition. If this intimation is not complied with, a further notice is sent drawing attention to the legal obligation of parents to cleanse their children, whilst in many instances visits are also paid to the homes, when, if there do not appear to be the requisite facilities for home cleansing, the Health Visitors recommend the parents to take the children to the nearest cleansing station. In 545 instances, however, these steps proved ineffective, and it was found necessary to put Section 460 of the Liverpool Corporation Act, 1921, into operation, statutory notices being served in these cases. This Section, which is similar to but less cumbersome to work than Section 87 of the Education Act of 1921, requires the parents properly to cleanse their children within 24 hours after the receipt of the statutory notice.

Of the 545 children in question, the parents complied with this notice in 494 instances, the remaining 51 children being compulsorily cleansed by the staff.

**Legal
Proceedings.**

99. Legal proceedings were taken under the Section against the parents in respect of 3 of the children who had been compulsorily cleansed, all of whom were convicted.

**Cleansing
Stations.**

100. In June a new cleansing station was opened at Eldon Place, off Vauxhall Road, and in October the use of the Beacon Street premises was discontinued for the purposes of treatment of verminous conditions, though the children from certain schools continue to attend there for the use of the spray baths.

Two additional cleansing stations were opened in November, one in connection with the new clinic at Garston, and the other in the premises of the South Dispensary in Upper Parliament Street.

The cleansing stations were well utilised throughout the year, there being 11,643 attendances at Beacon Street, 4,130 at Mansfield Street, and 4,330 at Smithdown Lane. In all, 20,997

attendances were made at the various cleansing stations, 6,588 being on account of verminous conditions.

During the winter months, by arrangement with the Baths Committee, 15,461 attendances were made by school children at the various public slipper and spray baths.

PROVISION OF MEALS.

101. Under Sections 82-85 of the Education Act, 1921, free dinners have been provided for necessitous school children on week-days during term time and school holidays. The meals are cooked and served at certain centres, as shewn below.

COOKING CENTRES.

Addison Street Day Industrial School.
Queensland Street Senior Special School.
Whitefield Road Special School.
Dingle Lane Special School.
Northumberland Street (former) Day Industrial School.
Walton Road (former) Day Industrial School.

DINING CENTRES.

Addison Street Day Industrial School.
Banks Road Council School.
Queensland Street Senior Special School.
Whitefield Road Special School.
Dingle Lane Special School.
Northumberland Street (former) Day Industrial School.
Chalmers Hall, Westminster Road.
St. Titus' Hall, Portland Street.
St. Thomas's (old) School, Upper Frederick Street.
"Caledonian" (old) School, Oldham Street.
St. Aidan's Hall, Commercial Road.
"Major Lester," Council School, Sherlock Street.
Heyworth Street Council School.
Stanley Congregational Church, Green Lane.
Norris Green School Meals Centre.

102. The temporary Dining Centre carried on at the Leamington Road Council School was discontinued when the Norris Green School Meals Centre—the first Centre for the purpose to be specially built in the City—was opened on April 28th, the formal opening by the Lady Mayoress being on the 5th May.

This building is of the portable sectional timber type on a concrete foundation. The accommodation, which is for 200

children, consists of a dining hall, scullery, pantry and usual offices. The food, ready cooked, is brought to the centre in air-tight containers.

103. There are six local caterers in the outskirts who supply meals for small groups of children who, owing to distance, cannot attend one of the Committee's main Dining Centres, whilst one residential institution supplies meals for the necessitous children attending the elementary school attached to the institution.

The contract with the local caterers at West Derby Village was terminated on the closing of the schools for the Christmas vacation, and the necessitous children now receive their meals at the Norris Green School Meals Centre, travelling to and from the Centre by motor 'bus.

104. No charge is made to the parents, but meals are not granted if it is considered that the parents are in a position to provide meals at home. Cases in receipt of relief, provided that such relief is not supplementary to Unemployment Insurance Benefit, are notified direct to the Public Assistance Committee, whilst all cases are reviewed from time to time by the Council of Voluntary Aid.

105. Before any prolonged holiday, the Head Teachers are requested to submit lists of children who, in their opinion, would require meals during the vacation, and the Committee have arranged for dinners to be supplied to these children. During the vacations, the numbers were about 60 per cent. of the average during school terms.

106. The Sub-Committee approved of a scheme for supplying milk to malnourished children in addition to the mid-day meal. It was decided, as an experiment, to confine the scheme to those schools from which children attended the free meals centres, and in which Milk Clubs had already been established. Enquiries made from the Head Teachers as to the probable number to be catered for elicited the fact that the supply

of "free milk" should not be confined to children on the free meal list, as there were others who were far more needy. The Sub-Committee found, however, that the number of names submitted was greatly in excess of the provision proposed to be made, in view of the funds available for the purpose. A proportionate number was therefore allotted to the selected schools, 35 in number, comprising 74 departments, and involving 456 children. The number of milk meals issued to children, from the inception of the scheme in October, was 17,685, the average daily number in receipt of milk being 410.

The arrangements with the contractors for the delivery of the milk are not made direct by the Committee, but by the Head Teachers, and the Committee refund monthly to the Milk Clubs the amount expended in respect of these children.

There are 147 schools out of a total of 185 elementary schools in the City in which free meal coupons are being issued to necessitous school children.

107. The Dining Centres were open on 311 days during the year, and the total number of meals supplied was 624,905, the daily average number of children who received meals being 2,009, or 81 less than the average for 1929.

The weekly number of meals provided varied during the year; the lowest being 6,576 in August, the highest 14,904 in February.

The Dining Centres are visited frequently by Members of the Committee, and there is in operation a scheme whereby a rota of attendance of teachers and ex-teachers voluntarily supervise the children whilst at meals.

SCHOOL PREMISES.

108. The School Medical Officers, on the completion of their annual routine examinations at the schools, make a report on the conditions of the premises with regard to such items as the efficiency of the heating, lighting, ventilation, etc. When considered necessary, references with regard to any defects found are made to the appropriate quarters.

109. The Surveyor has kindly supplied the following particulars relating to improvements made in connection with Public Elementary Schools during the year 1930.

LIST OF IMPROVEMENTS MADE DURING 1930 IN VARIOUS SCHOOLS.

Improvement of Natural Lighting.

Heyworth Street School.	Infants' Department.	} Roof lights and alterations to windows.
Steers Street School.	All Departments.	
Webster Road School.	Infants' Department.	

Installation of Electric Lighting in place of Gas Lighting.

Steers Street School.	All Departments.
Sudley Road School.	do.
St. Paul's C.E., Kirkdale.	do.
St. Silas' C.E.	do.
St. Mary's R.C., Woolton.	do.

Improvement in Heating Installations.

Anfield Road School.	All Departments.
Loraine Street School.	Infants' Department.
Pleasant Street School.	All Departments.
Roscoc School (Ballantyne Road).	Senior Girls' Department.
Sudley Road School.	All Departments.
Webster Road School.	Juniors' Department.

Playgrounds Reconstructed.

Bective Street School.	Infants' Department.
Broad Square School.	Mixed Department.
Broadgreen Road School.	Girls' and Infants' Departments.
Duncombe Road School.	Girls' Department.
Heygreen Road School.	Girls' Department.
Sudley Road School.	All Departments.
St. Anthony's R.C. School.	Boys' Department.

Miscellaneous.

Brae Street School.	Re-roofing.
Chatsworth Street School.	Iron Staircase.
Harrison Jones School.	Re-building wall and pointing brickwork.
Matthew Arnold School.	Fence above wall.
Morrison School.	Block Flooring.
Rice Lane School (Infants' Dept.)	Re-sheeting roof.
Sudley Road School.	Re-building Chimney.
St. Michael's Hamlet School.	Re-slating and pointing brickwork.
St. George's C.E. School.	Re-flooring, two rooms (Girls')
St. John the Evangelist School, Walton.	Re-flooring.
Walton C.E. School.	do.

110. The District Sanitary Inspectors visit all the Public Elementary Schools every fortnight for the purpose of examining the sanitary arrangements and the water supply. During the year, 138 defects were discovered, and notices relating to these defects were sent to the Corporation Surveyor, or the Managers of the schools.

VACCINATION.

111. The following table shews the proportion of vaccinated and un-vaccinated children in the Public Elementary and Higher Schools, and the relative degree of immunity of those vaccinated as evidenced by the number of marks present.

The percentage of un-vaccinated children in the Public Elementary Schools in the preceding four years were 18·9, 18·7, 18·4, and 16·9, respectively; the corresponding figures for the children attending the Higher Schools were 19·4, 18·5, 9·6, and 10·5.

Table 20.

Code Group.	Number examined.	Vaccinated.					Not Vaccinated
		One mark.	Two marks.	Three marks.	Four marks.	Total.	
Public Elementary Schools.							
Entrants	18,109	18·2%	12·0%	4·5%	45·2%	79·9%	20·1%
Intermediates ...	17,090	19·3%	9·6%	4·6%	46·1%	79·6%	20·4%
Leavers	10,873	19·8%	9·5%	4·9%	50·2%	84·4%	15·6%
Total	46,072	19·0%	10·5%	4·7%	46·7%	80·9%	19·1%
Higher Schools.							
All ages	6,593	22·8%	25·8%	8·4%	23·6%	80·6%	19·4%

Special Schools.

112. Full provision exists for the education of all blind children, who are taught either as boarders or day scholars, as indicated in the accompanying table:—

Schools for the Blind.

School.	Boarders.	Day Scholars.
Wavertree School for the Blind	11	9
Catholic Blind Asylum, Brunswick Road ...	11	—
Taught privately	—	2

**Sight-saving
Classes.**

113. There are at the present time for Defective Sighted Children three teaching centres associated with the Birchfield Road Council, St. James' Council and Christ Church C.E. elementary schools, and one additional centre is to be opened during the coming year in connection with Underlea Day Open Air School. The number on the rolls of these centres at the end of the year was 116, the average attendance being 97·9. The classes are under the direct supervision of the Head Teachers of the schools and are taught by special teachers.

114. A great advantage of having these classes in connection with the Public Elementary Schools is that the children can join the ordinary classes of their age group in such lessons as singing, geography and history. Subject to certain restrictions, they may also share in the recreation and the corporate life generally of the school. Physical exercises are taught in the special classes to selected children.

115. The ordinary curriculum of the elementary school is followed, but methods and equipment are modified to meet the requirements of the sight defects of the children.

The special equipment used is as follows:—

1. Individual desks with detachable green hyloplate boards.
2. Sloping green hyloplate wall boards.
3. Printing sets—large type—used by teachers and children to make reading sheets, etc.

4. Large type readers. Some of the ordinary infant readers are suitable, but for the older pupils large type books specially printed for such classes are used.

116. Practical work plays a valuable part in the education of these children, though the forms of handwork suitable are necessarily restricted and subject always to the approval of the Committee's Oculist. Selected pupils, both boys and girls, go to the domestic science room for cookery, and the boys are allowed to do a certain amount of woodwork not involving fine measurement or heavy hammering.

With the girls, knitting with pins, not needles, and by touch, not sight, is one of the most useful forms of handwork. This year the classes have had a valuable outlet in this work, in knitting jerseys of different sizes for use in one of the Day Open Air schools.

Other forms of handwork taught are clay modelling, drawing, raffia, rug-making, shell flower making, simple leather, stencilling, and basket work. It has, unfortunately, not been possible to give any vocational training in these classes.

As many of the children come some distance to school, arrangements are made whereby they may have in school their mid-day lunch, which the children bring with them, cocoa being supplied at the school.

117. Though the main purpose of these classes is to save sight and provide a more suitable education for defective-sighted children, another benefit is that these children lose the sense of inferiority which often develops as a result of the restrictions imposed upon them in the ordinary class, where they are prohibited from taking part in the usual routine. The self-reliance and self-confidence which they gain in the special classes is of great value to them when they leave school and go to work.

118. In order to help these children in this very difficult matter of finding work, a conference is held in their last term at school,

between their parents, the Oculist and the Special Schools Employment Officer, after which this Officer is on the look-out for such work as may suit the individual limitations of the pupils.

The following Table shews in detail the ocular defects found in children attending the Sight-saving Classes. It will be observed that, as in previous years, 50 per cent. of the children suffer from myopia.

Table 21.
Classification of Ocular Defects.

Myopia	...	...	...	...	...	...	...	56
Myopia with nystagmus and coloboma						...	...	1
Myopia with coloboma of choroids						...	...	2
Optic atrophy—acquired			...	...	...	...	...	10
Optic atrophy—hereditary			...	...	...	...	...	3
Optic atrophy with choroiditis			...	...	...	...	...	1
Optic atrophy one eye; effects of ophthalmia neonatorum other eye			...	...	...	...	...	1
Albinism	...	...	...	...	...	...	...	10
Interstitial keratitis			...	...	...	...	...	8
Ophthalmia neonatorum, effects of			...	...	...	...	...	3
Corneal opacities—(?) tuberculous			...	...	...	...	...	1
Cataract	...	...	...	...	...	...	...	4
Choroiditis		...	...	...	...	...	...	2
Choroiditis and congenital cataract, one eye; myopia other eye			...	...	...	...	...	1
Buphthalmos		...	...	...	...	...	...	1
Dislocated lenses			...	...	...	...	...	2
Nystagmus associated with no marked fundal trouble or high error of refraction			...	...	...	...	...	10
Total								116

Schools for the Deaf.

119. With regard to the education of the deaf, the Committee have one Day School with 156 scholars on roll, 104 of these being Liverpool children of whom 16 are boarded by the Committee in the Institution for the Deaf close to the Day School. Fifty-two

children from other areas, who receive their education at the Day School, are also resident at the Institution. The Committee also pay for the board and education of certain Roman Catholic deaf children at Boston Spa; at the end of the year, there were seven Liverpool children boarded there, and one day scholar.

120. The accompanying return shews the results of the examinations made by the Certifying Officers for the ascertainment of Mentally and Physically Defective Children during the year:—

M.D. and P.D. Schools.

Table 22.

	Referred as Physically Defective.	Referred as Mentally Defective.
Passed for M.D. Schools—Day	1	152
„ „ „ Residential	—	4
Passed for P.D. Schools—Day	282	13
„ „ „ Residential	77	24
To remain at ordinary schools	43	94
Postponed for further trial in ordinary school or for treatment	40	234
Unsuitable for any school, M.D.	—	29
„ „ „ P.D.	4	—
Private Tuition	1	3
Referred for Reformatory Schools	—	2
Total number of children examined	448	555

CASES NOTIFIED TO THE LANCASHIRE MENTAL HOSPITALS BOARD DURING THE YEAR.

1.	(i) Children incapable of receiving benefit or further benefit from instruction in a Special School :	
	(a) Idiots	5
	(b) Imbeciles	59
	(c) Others	—
	(ii) Children unable to be instructed in a Special School without detriment to the interest of the other children :	
	(a) Moral defectives	—
	(b) Others	5
2.	Feeble-minded children notified on leaving Special Schools on or before attaining the age of 16 years	57
3.	Children who, in addition to being mentally defective, were blind and deaf	1
	TOTAL	127

121. In addition to the examination of new cases referred for the purpose of ascertainment, the children attending the schools for the mentally defective and physically defective were examined as to their suitability for continuance in attendance, as required by the Education Act of 1921, the number of such examinations being 2,211. In addition, 1,793 examinations were made by the School Medical Officers during the course of the year.

The following table shews (a) the accommodation, number on rolls, and the average attendance in the various grades of Special Schools provided by the Committee; and (b) the number of admissions and withdrawals during the year:—

(a) **Table 23.**

Schools.	Accommoda- tion.	No. on Rolls Dec., 1930.	Average Attendance. Dec., 1930.
Mentally Defective (day)	758	837	708·3
Physically Defective (day)	533	606	490·3
Physically Defective (residential) ...	68	68	68·0
Partially Blind	115	116	97·9
Deaf	200	156	138·6

(b)

	M.D.	P.D.	Deaf.	Partially Blind.
ADMISSIONS AND RE-ADMISSIONS ...	175	339	20	12
WITHDRAWALS—				
De-certified :—				
At 16 years	35	33	27	10
Under 16 years	15	108	3	1
Notified to Mental Deficiency Authority—				
At 16 years	48	—	—	—
Under 16 years	32	—	—	—
Excused attendance	18	9	1	7
Excluded on medical grounds ...	22	58	1	—
Left City	15	9	1	—
Died	4	5	1	1
	189	222	34	19

There were, at the end of the year, seven Day Special Schools. Of these, four were double centres for physically and mentally defective children, two were schools for mentally defectives only, and one was an open-air school for delicate children. There was also one residential country school at Woolton Vale for delicate children.

122. The Residential Country School at Woolton Vale provides accommodation for 31 boys and 37 girls, and during the year there were altogether in residence 164 children, the majority of these suffering from general debility, the remainder being cases from the schools for physically defectives whose defects were associated with debility. The duration of stay of the 125 children who were discharged was approximately six months; 84 of these children were fit to resume their attendance at the ordinary public elementary schools, 30 were transferred to the day special schools, and 11 were transferred to Underlea. The average gain of weight of these 125 children was $9\frac{1}{4}$ lbs. One-third of the children on admission to the school were found to be suffering from enuresis, a condition which in the majority of these cases was cured before discharge. Miss Shepherd, the Head Mistress, states that, in addition to the usual elementary subjects, nature study, gardening, handwork, country dancing and organised games were included in the curriculum. The school being conveniently situated for visits to several of the City parks, nature study rambles through these estates were of great educational value and were always enjoyed by the children.

**Woolton Vale
Country
School.**

The Boy Scout and Girl Guide movements, which had been inaugurated the previous year, were continued, and their meetings, which were held during the evenings, were eagerly looked forward to.

123. The most noteworthy event during this year in connection with Special Schools was the opening of the Underlea Day Open-Air School in March, 1930, this being Liverpool's first Day Open-Air School.

Underlea.

The accommodation is for 150 children, who are conveyed to the school by tramcar and arrive at 9 a.m. After breakfast, lessons are given until 12 noon, the afternoon session for lessons

being from 2 until 4 p.m., after which tea is served. During the summer months, the children remained till 6 p.m. to enjoy the recreational facilities of the school grounds.

The percentage of attendance, March to December, 1930, was 86.95. This percentage is good when one considers that these children are delicate and hitherto have attended school irregularly, or not at all, because of ill-health.

Underlea is admirably suited for Open-Air work. The grounds, with an area of about seven acres, have a gentle slope to the South and are sheltered by trees from the North and East winds. Three detached "Chalet" classrooms and a rest shed, all built on open-air principles, have been erected in the grounds.

The house has been adapted as the "Administrative Block," where meals are prepared and served and medical supervision and treatment are carried out. Some of the rooms in the "Administrative Block" have been converted into cloakrooms, staff rooms, classrooms, a manual room and a bathroom. Three substantial meals, varied and interesting, are served daily. New comers who have poor appetites very soon forget their previous distaste for milk, porridge or vegetables.

124. Miss Anderson, the Head Mistress, reports that the vegetable and fruit gardens contribute useful supplies for the meals for the children and staff. Some of the land is worked by the boys working in couples.

The children are carefully trained in personal hygiene, being supplied with their own towels, tooth brushes, hair brushes and combs. Children hitherto untidy and careless of their appearance rapidly shew improvement as the result of this training. The hygienic way of life is taught by washing before meals, the cleaning of teeth afterwards, and by the regular use of the shower baths which act as a tonic to the system.

Warm blankets are used as wraps for the children during the rest periods before and after the mid-day meal.

The school curriculum is specially planned to meet the needs of delicate children, and whenever possible, lessons are taken out of doors. The wide variety of shrubs and trees afford excellent nature lessons. The birds are fed and the children taught to observe them and to listen to their characteristic notes in order to distinguish them.

Nature study, gardening and other forms of craft work and out-door pursuit constitute an important part of the school timetable. A playing field gives ample scope for football, net ball and other games, whilst, with the aid of a gramophone, folk dancing is taught out of doors whenever the weather permits.

125. During the Midsummer holidays the school remained open as a vacation school, and the time was devoted to games and occupations of a recreative character, and to excursions and picnics. The average number attending the vacation school was approximately 90 despite the exceptionally bad weather experienced during the holiday period. Liverpool is fortunate in possessing several magnificent parks, some of the finest being within walking distance of Underlea.

126. The Committee have decided to open another open-air school early in 1931, at Eddesbury Lodge, a large house in grounds near West Derby Village. **Eddesbury Lodge.**

There will be transferred to this school the physically defective children from Whitefield Road Special School, and accommodation has also been provided there for a certain number of delicate children.

When the new Richmond School is completed, the mentally defective children from Whitefield Road will be transferred there.

127. The Committee continue to maintain 30 beds at the **Torpenhow** Torpenhow Open-Air School, Frankby, Wirral. During the year, 79 children were admitted and 79 discharged, the average duration of stay being six months. The cases after discharge have been kept under medical supervision by the School Medical Officers. There can be no question but that practically all the children,

whatever their disability, benefited considerably whilst in residence there.

Other
Residential
Accommo-
dation.

128. In addition to the special schools and the accommodation provided at Torpenhow, the Committee maintain three beds at the West Kirby Convalescent Home, and six beds at the Liverpool School of Recovery (mainly heart cases), and they have secured the option of places at the Maghull Home for Epileptics. During the course of the year, six cases have been in residence at West Kirby and seven at the School of Recovery, whilst four cases have been maintained at the Home for Epileptics.

Epileptics.

129. From Table 3, Appendix A, under the heading Epileptics, it will be seen that the number of such cases known to the Department was 80, of which number, 23 suffering from severe epilepsy and 14 from milder forms were at no school or institution.

Dental
Treatment.

130. The following table shews the work carried out in connection with the Special and Industrial Schools by the whole-time Dental Staff of the School Medical Sub-Committee during the year:—

Table 24.

	Industrial Schools.	Special Schools.	Total.
No. of inspection sessions	2	12	14
No. of treatment sessions	25	69	94
Total No. of sessions	27	91	108
No. of children inspected	325	1,296	1,621
No. of children requiring treatment	234 (72%)	1,001 (77·2%)	1,235 (76·1%)
No. of children treated	176	642	818
No. of attendances made for treatment	219	735	954
No. of teeth extracted	243	1,139	1,382
No. of teeth filled	80	246	326
No. of other operations	14	13	27
No. of administrations of general anæsthetic ...	124	514	638

As in the two previous years, the examination and treatment of the teeth of these children has been carried out by the whole-time Dental Staff. The improvement in the condition of the mouths, which was commented upon in last year's report, has been maintained, and the benefit to the children accruing from regular treatment has been further exemplified.

131. The proportion of parental consents received for these children was 70·44 per cent. for the Special Schools and 63·3 per cent. for the Day Industrial School. These figures compare very favourably with the proportion received in the Public Elementary Schools in 1930, 40·3 per cent., which is, nevertheless, the highest that has been reached for those schools. The small amount of treatment that is required for these children and the relatively high standard of dental efficiency which is found amongst them is directly due to the willingness of the parents to co-operate with the Dental Surgeon by allowing the children to attend regularly for treatment.

In this connection, the dental condition of the boys at Hightown Residential Industrial School is of particular interest. At this school, as a result of the quarterly visits of the Dentists, it was found necessary in 1930 to extract only 53 teeth (temporary and permanent) per 100 boys examined. A comparison of this figure with the 258 teeth that were extracted for every 100 children treated in the Public Elementary Schools illustrates in a very striking manner the fact that the teeth of children can only be preserved by a system of regular inspection and treatment, as opposed to haphazard visits to the dentist dictated merely by pain.

Dental treatment was carried out for the first time at the Underlea Open-Air School. The acceptances for treatment at this school were 70 per cent., which is highly satisfactory in view of the fact that many of the children attending the school came from districts where the proportion of acceptances in the Public Elementary Schools was low.

HIGHER SCHOOLS.

132. The inspection of the pupils in the Higher Schools, which was commenced in 1920, has now reached its full development, and the pupils attending 18 of these schools are regularly inspected. The schools include two Girls' and two Boys' Voluntary Schools, in which the Managers have requested the Authority to arrange for the medical inspection. In addition to the above, the pupils in the Junior Section of the School of Art are included in the scheme, and the Wavertree Day Trade School for Girls was included in the scheme of medical inspection when it was opened in 1930.

The numbers of medical examinations made in the Higher Schools were as follows:—

6,827 routine cases;

6,696 re-inspection cases;

445 special cases.

133. The proportion of pupils requiring treatment found at the routine examinations was 18 per cent., defective vision, dental defects and minor deformities being the most common defects found. The pupils, as a whole, are better physically than those in the Public Elementary Schools, and the more serious physical defects are much rarer.

Defective eyesight was noted in 27 per cent. of the pupils, but approximately three-quarters of these had already been treated for this defect. Contrary to the experience in connection with the Public Elementary Schools, very little difficulty is met with in the Higher School in securing the regular wearing of glasses.

There is evidence of much more attention being given to the teeth of these pupils than is the case of the children in the Public

Elementary Schools, and many of the pupils pay regular visits to their dentists.

134. The heights and weights of the routine cases at each school have been recorded by the gymnastic instructor, where there is such an official, and in the other cases by the School Medical Officers, and the following table shews the results in inches and pounds:—

Table 25.

Age.	Boys.			GIRLS.		
	Number examined.	Height.	Weight.	Number examined.	Height.	Weight.
8	33	49·1	58·7	43	48·6	53·6
9	31	51·4	59·6	24	51·1	61·3
10	50	54·4	68·0	54	53·6	65·5
11	166	55·3	72·4	133	55·6	73·9
12	346	57·2	77·9	334	57·7	84·6
13	469	59·1	86·6	347	59·8	94·3
14	732	61·4	99·2	331	61·4	103·5
15	558	63·9	110·1	349	62·5	110·7

EMPLOYMENT OF CHILDREN.

135. There were at the end of the year 1,478 school children (1,402 boys and 76 girls) who were employed out of school hours, 1,031 of these children being employed in delivering milk or newspapers. Full particulars (by trades) of the children employed are shewn in Table 26.

Table 26.

Employment of School Children out of School Hours.

TRADE.	No. of cases on Register 31.12.29	No. of new cases added to Register during the year.			No. of cases with-drawn from Register during the year.			No. of cases remaining on the Register, 31.12.30.		
		Boys.	Girls.	TOTAL	Boys.	Girls.	TOTAL	Boys.	Girls.	TOTAL
Bakers and Confectioners...	62	65	5	70	81	5	86	43	3	46
Butchers	81	78	—	78	95	—	95	64	—	64
Bootmakers and Repairers	15	24	—	24	28	—	28	11	—	11
Chemists	5	6	—	6	7	—	7	4	—	4
Chandlers	82	89	2	91	98	3	101	72	—	72
Chipped Potato Vendors ...	3	—	—	—	3	—	3	—	—	—
Coal Merchants	5	2	—	2	5	—	5	2	—	2
Drapers, etc.	7	5	—	5	10	—	10	2	—	2
Dealers—General	7	12	3	15	7	2	9	12	1	13
Dealers—Firewood	10	4	—	4	8	2	10	4	—	4
Domestic Helpers	4	—	2	2	—	5	5	1	—	1
Fish and Poultry Dealers...	1	—	—	—	1	—	1	—	—	—
Grocers	26	34	4	38	31	3	34	28	2	30
Greengrocers	178	200	3	203	212	2	214	165	2	167
Ironmongers	1	—	—	—	—	—	—	1	—	1
Milk Dealers	383	326	31	357	354	38	392	315	33	348
Newsagents	725	841	42	883	881	44	925	649	34	683
Various	32	31	1	32	33	1	34	29	1	30
TOTALS	*1,627	1,717	93	1,810	1,854	105	1,959	1,402	76	1,478†

*1,539 boys and 88 girls

†1,402 boys and 76 girls.

In the case of those employments which necessitate work before the close of school hours, the children undertaking such work have to be examined by the School Medical Officers and certified as physically fit before a certificate is granted. For this purpose there were examined 1,068 children, and all but 2 were found to be fit. All children, whether working before the close of school hours or after, require to have employment cards, which are issued by the Education Committee, and these children are examined by the School Medical Officers at every visit to the schools. The employment, which, under the local Bye-laws, is limited to two hours on school days, and five hours on Saturdays and school holidays, seldom has any adverse effect upon their health, but the cases are kept under careful supervision, and occasionally it has been found advisable to recommend the giving up of the work on the grounds of health.

136. With the object of seeing that the Bye-laws are complied with, two special officers, appointed by the Education Committee, are engaged in patrolling the streets between the hours of 6-45 a.m. and 9 a.m., and 5 p.m. and 8 p.m. daily, and on Saturdays and Sundays. The Attendance Officers also keep under observation the shops and the employed children in their districts, whilst the Police and Health Visitors co-operate in this work.

During the year, 386 employers were warned by the Committee's Officer for infringement of the provisions of the Bye-laws, and in 25 cases it was necessary to prosecute. In 24 cases fines were inflicted, and the remaining case was discharged with a caution.

137. A certain number of children of school age are employed in connection with theatrical performances. Twenty-seven of these children went on tour, but in 15 cases the tour was restricted to the Christmas holidays. The Committee is reluctant in granting licences which necessitate absence from the children's own schools. These children require licences from the local Education Authority before they can be employed, and they must be examined every three months by the School Medical Officer of the area in which they happen to be.

**Theatrical
Licences.**

During the year, 65 licences were issued by the Education Authority, and 58 examinations of the children made by the School Medical Officers; practically all the children were healthy.

138. When a child appears at a place of entertainment in Liverpool, the place is visited by the Special Enquiry Officer, the licence being examined, and the rooms used by the child seen by him, better accommodation being insisted upon if necessary. In the case of a child coming from a distance, the place of residence is visited and approved, and a school place is secured.

139. Each Liverpool child who proceeds "on tour" is given a Record Book in which has to be entered the attendances at the different schools which the child attends, and there is a Scheme of Work which is drawn up by the Head Teachers of the school in Liverpool. The Record Books of the children "on tour" shew that they attend school regularly, and the remarks made by the various Head Teachers as to the progress of the children are generally good.

A notification of licensed children appearing in public performances in Liverpool is sent to the Chief Constable, and the Police Authorities co-operate in the supervision of the children, and report to the Director any irregularity.

140. The total number of children who appeared at the local theatres or picturedromes was 74, as against 117 in the preceding twelve months. All such children are visited by a special officer, who pays visits to the theatres to see that the rules and orders of the Board of Education are complied with.

It will, therefore, be seen that as far as is possible, under the existing powers of the Authority, the health interests of every child are carefully guarded.

141. Industry on Merseyside failed to maintain the slight improvement which had been experienced during the previous year, with the result that juveniles found even greater difficulty in obtaining employment after leaving the elementary schools at the

age of 14 years. Experience tends to the belief that approximately 33 per cent. of school leavers fail to secure regular employment within three months of leaving school; while 20 per cent. do not obtain it within six months, and 10 per cent. have been unable to obtain a regular job within a year of leaving school, but a few of them (boys particularly) may have had temporary or casual employment. On leaving school, no less than 10,286 boys and girls registered for employment at the Bureau.

142. A feature of the Committee's work which has been developed during the year is the section dealing with the special needs of physically and mentally defective children, together with those from schools for the Deaf and Dumb and from Defective Vision Classes. Conferences are held between the Certifying Officers for the Special Schools, the Head Teachers and the Employment Officer to determine the type of employment most suitable for each child. Much useful ground has been covered by an approach to employers in an endeavour to win their sympathy on behalf of these children who are heavily handicapped in their effort to obtain work, and the results will undoubtedly be more evident as the number of unemployed normal applicants decreases. Notwithstanding all the difficulties, it was possible to place in specially selected openings no less than 67 (13 boys and 54 girls). Having regard to past experience, it is fair to assume that few of these children would have been successful in obtaining a footing by their own unaided efforts.

143. During the year, 59 youths were given a course of training prior to migration overseas at the Committee's Williamson Hostel, Burscough. The total number who have passed through the Hostel is now 164, and this number would, in all probability, have been considerably higher had it not been for the closing down of the Government Scheme of assisted passages to Australia, and the restriction of the numbers accepted for Canada owing to economic conditions in those Dominions. The training and testing provided at the Hostel have proved so valuable in the case of intending emigrants that it has been decided (as an experiment) to train 40 boys for work on farms in this country. Approval of the

arrangements have been accorded by the Ministry of Agriculture, and the "Home farms" scheme will be brought into operation when training under the Migration Scheme, for a party of boys due to sail to Canada in the early spring, has concluded.

144. Perhaps the greatest argument which can be adduced in favour of Local Education Authorities carrying on the duties of advising and placing juveniles in employment is the fact that the continuity of the relationship is maintained from the first year of school life until the juvenile is settled in the field of industry. A great deal of information gleaned by years of association with the child in school, including its medical history, is available for those officers of the local authority who are called upon to assist in this important work of "choice of employment." In this connection, it should here be noted that the services of the School Medical Officers and the records of the Medical Department are of unquestionable value, and are freely used when consideration is being given to applicants for employment.

A. A. MUSSEN,

Medical Officer to the Education Authority.

APPENDIX A.**ELEMENTARY SCHOOLS.****TABLE I.****RETURN OF MEDICAL INSPECTIONS****A.—Routine Medical Inspections.**

NUMBER OF CODE GROUP INSPECTIONS :—

Entrants	...	...	...	...	...	...	...	...	18,451
Intermediates	...	...	...	...	...	...	...	...	17,374
Leavers	...	...	...	...	...	...	...	...	11,196
TOTAL									<u>47,021</u>

NUMBER OF OTHER ROUTINE INSPECTIONS :—

Public Elementary Schools	...	...	...	...	...	...	...	235
Special Schools	...	...	...	...	...	...	...	400

B.—Other Inspections.

i. PUBLIC ELEMENTARY SCHOOLS :—

Number of Special Inspections	...	...	...	...	...	*12,814
Number of Re-inspections	...	...	...	...	...	<u>55,486</u>
TOTAL						<u>68,300</u>

ii. SPECIAL SCHOOLS :—

Number of Special Inspections	...	...	...	...	...	33
Number of Re-inspections	...	...	...	...	...	<u>1,360</u>
TOTAL						<u>1,393</u>

* Not including children examined at Minor Ailments Clinics.

ELEMENTARY SCHOOLS. TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended
31st December, 1930.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	Number of Defects.		Number of Defects.	
	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
(1)	(2)	(3)	(4)	(5)
MALNUTRITION	135	159	53	22
UNCLEANLINESS	See Table IV, Group V.			
SKIN—				
Ringworm—				
Scalp	13	—	143	—
*Body	10	—	9	—
Scabies	17	—	454	—
*Impetigo	92	—	79	—
*Other Diseases (Non-Tuberculous)...	163	192	97	60
EYE—				
*Blepharitis	132	206	65	55
*Conjunctivitis	58	49	48	22
*Keratitis	8	—	8	—
*Corneal Ulcer... ..	16	—	10	—
Corneal Opacities	—	3	—	1
Defective Vision (excluding Squint)	2,336	2,350	2,987	380
Squint... ..	1,013	943	1,340	97
Other Conditions	26	89	29	21
EAR—				
Defective Hearing	108	278	64	93
Otitis Media	277	545	85	67
Other Ear Diseases	84	119	33	11
NOSE AND THROAT—				
Enlarged Tonsils only	690	3,074	418	294
Adenoids only	80	180	104	24
Enlarged Tonsils and Adenoids	166	214	241	46
Other Conditions	455	686	149	137
ENLARGED CERVICAL GLANDS (Non-Tuberculous)	23	537	23	87
DEFECTIVE SPEECH	82	354	52	98
‡TEETH (Dental Diseases)	1,243	1,529	155	132

* Exclusive of children examined at the Minor Ailments Clinics.

‡ Cases examined by the School Medical Officers.

ELEMENTARY SCHOOLS.

TABLE II.—Continued.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	Number of Defects.		Number of Defects.	
	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
(1)	(2)	(3)	(4)	(5)
HEART AND CIRCULATION—				
Heart Disease—				
Organic	21	262	19	68
Functional	25	868	14	164
Anaemia	371	448	172	77
LUNGS—				
Bronchitis	236	1,425	113	237
Other Non-Tuberculous Diseases ...	27	292	27	48
§TUBERCULOSIS—				
Pulmonary—				
Definite	—	1	24	12
Suspected	—	4	9	—
Non-Pulmonary—				
Glands	5	62	14	22
Spine	1	6	3	2
Hip	—	7	2	1
Other Bones and Joints	3	16	5	4
Skin	3	7	2	4
Other Forms	4	55	15	17
NERVOUS SYSTEM—				
Epilepsy	9	44	20	15
Chorea... ..	93	—	117	—
Other Conditions	52	106	35	36
DEFORMITIES—				
Rickets	36	165	19	9
Spinal Curvature	11	18	1	1
Other Forms	64	123	28	22
DEBILITY	657	878	497	210
OTHER DEFECTS AND DISEASES ...	679	1,488	500	434

§ Under the heading "Tuberculosis" most of the cases in columns (3) and (5) are cases in which the disease is quiescent but is not yet considered cured.

ELEMENTARY SCHOOLS.

TABLE II.—Continued.

B.—Number of Individual Children found at Routine Medical Inspection to require treatment (excluding Uncleanliness and Dental Diseases).

Group. (1)	NUMBER OF CHILDREN		Percentage of children requiring treatment. (4)
	Inspected. (2)	Requiring treatment. (3)	
CODE GROUPS :			
Entrants 	18,451	2,720	14·7
Intermediates 	17,374	3,307	19·0
Leavers 	11,196	1,899	16·9
TOTAL (Code Groups) 	47,021	7,926	16·9
Other routine inspections 	235	48	20·4

ELEMENTARY SCHOOLS.

TABLE III.

Numerical Return of all Exceptional Children in the Area
at the end of 1930.

			Boys.	Girls.	Total.
BLIND (including partially blind).	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind Attending Public Elementary Schools ... At other Institutions At no School or Institution	15 — — 3*	16 — — 3†	31 — — 6
	(ii) Suitable for training in a School or Class for the par- tially blind.	Attending Certified Schools or Classes for the Blind Attending Public Elementary Schools ... At other Institutions At no School or Institution	61 22 — 2	55 39 1 1	116 61 1 3
DEAF (including deaf and dumb and partially deaf).	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf Attending Public Elementary Schools ... At other Institutions At no School or Institution	57 — — 1	43 3 — 1	100 3 — 2
	(ii) Suitable for training in a School or Class for the par- tially deaf.	Attending Certified Schools or Classes for the Deaf Attending Public Elementary Schools ... At other Institutions At no School or Institution	— 26 — —	— 34 — —	— 60 — —
MENTALLY DEFECTIVE	Feeble-minded (cases not noti- fiable to the Local Control Authority.)	Attending Certified Schools for Mentally Defective Children Attending Public Elementary Schools ... At other Institutions At no School or Institution	487 32 15 28	354 28 9 27	841 60† 24† 55†
	Suffering from severe epilepsy	Attending Certified Special Schools for Epileptics In Institutions other than Certified Special Schools Attending Public Elementary Schools ... At no School or Institution	7 3 — 15	— — 1 8	7 3 1 23
EPILEPTICS.	Suffering from epilepsy which is not severe.	Attending Day Special Schools Attending Public Elementary Schools ... At no School or Institution	8 11 4	12 1 10	20 12 14

ELEMENTARY SCHOOLS.
TABLE III.—Continued.

			Boys.	Girls.	Total.
PHYSICALLY DEFECTIVE.	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	1	6	7
		At other Institutions	—	—	—
		At no School or Institution	1	3	4
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	36	47	83
		At Certified Residential Open-Air Schools...	—	—	—
		At Certified Day Special Schools	—	—	—
		At Public Elementary Schools	35	23	58
		At other Institutions	{ 32 (28)	39 (33)	71 (61)
		At no School or Institution	{ 51 (1)	47 (—)	98 (1)
	Delicate Children (e.g. pre- or latent tuberculosis, malnutrition, debility, anaemia, etc.)	At Certified Residential Open-Air Schools ...	45	55	100
		At Certified Day Special Schools	122	104	226
		At Public Elementary Schools	451	431	882
		At other Institutions	{ 24 (5)	18 (4)	42 (9)
		At no School or Institution	38	31	69
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board...	{ 48 (1)	30 (1)	78 (2)
		At Certified Day Special Schools	1	2	3
		At Public Elementary Schools	8	9	17
		At other Institutions	{ 21 (16)	11 (9)	32 (25)
		At no School or Institution	{ 21 (1)	14 (—)	35 (1)
	Crippled Children (other than those with active tuberculous diseases), e.g., children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools	{ 7 (2)	20 (6)	27 (8)
		At Certified Residential Open-Air Schools ...	—	2	2
		At Certified Day Cripple Schools	199	147	346
		At Public Elementary Schools	15	13	28
		At other Institutions	{ 18 (3)	17 (4)	35 (7)
		At no School or Institution	{ 44 (2)	69 (—)	113 (2)

* 2 Receiving Private Tuition and 1 unsuitable for institutional training (Fits).

† Unsuitable for institutional training, 2 M.D. as well as blind and 1 blind and deaf.

‡ A number of these cases have not yet been examined by the Certifying Medical Officer.

The numbers shewn within brackets refer to cases diagnosed by the Staffs of certain Institutions but not seen subsequently by the Authority's Medical Staff. These numbers are included in the totals.

ELEMENTARY SCHOOLS.

TABLE IV.

Return of Defects treated during the Year ended 31st December, 1930.

TREATMENT TABLE

Group I.—Minor Ailments (excluding Uncleanliness, for which see Group V)

Disease or Defect. (1)	*Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	TOTAL. (4)
SKIN—			
Ringworm—Scalp	105	143	248
Ringworm—Body	226	4	230
Scabies	59	487	546
Impetigo... ..	3,000	69	3,069
Other Skin disease	1,555	116	1,671
MINOR EYE DEFECTS— (External and other, but excluding cases falling in Group II)... ..	2,721	199	2,920
MINOR EAR DEFECTS	1,957	86	2,043
MISCELLANEOUS— (e.g. minor injuries, bruises, sores, chilblains, etc.)	14,192	128	14,320
TOTAL	23,815	1,232	25,047

* The numbers in Group I of this Table refer almost wholly to children treated at the Committee's Clinics. No reliable information is obtainable as to the number of cases treated elsewhere.

ELEMENTARY SCHOOLS.

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments, Group I).

Defect or Disease. (1)	NUMBER OF DEFECTS DEALT WITH.			
	Under the Authority's Scheme. (2)	Submitted to refraction by private practitioner or at hospital, apart from Authority's Scheme. (3)	Other- wise. (4)	TOTAL. (5)
ERRORS OF REFRACTION (including Squint)				
New Cases	3,582	180	18	3,780
Re-examinations	2,587	28	1	2,616
TOTAL	6,169	208	19	6,396
Other Defect or Disease of the eyes (excluding those recorded in Group I)	33	11	—	44
TOTAL	6,202	219	19	6,440

Total number of Children for whom Spectacles were prescribed :

(a) Under the Authority's Scheme	...	...	...	...	...	5,498
(b) Otherwise	...	...	...	...	...	210

Total number of Children who obtained or received spectacles :

(a) Under the Authority's Scheme	...	...	...	...	...	5,477
(b) Otherwise	...	...	...	...	...	210

ELEMENTARY SCHOOLS.**Group III.—Treatment of Defects of Nose and Throat**

	NUMBER OF DEFECTS.				
	RECEIVED OPERATIVE TREATMENT.			Received other forms of treatment.	Total number treated.
	Under the Authority's Scheme, in Clinic or Hospital.	By private practitioner or Hospital, apart from the Authority's Scheme.	TOTAL.		
	(1)	(2)	(3)	(4)	(5)
Tonsils and Adenoids ...	1,713	105	1,818	10	1,828
Mouth Breathing ...	—	—	—	241	241
TOTAL ...	1,713	105	1,818	251	2,069

Group IV.—Dental Defects.**(1) Number of Children****(a) Inspected :—**

		Aged		
Routine Age Groups ...	{	5 ...	—	TOTAL ...
		6 ...	7,445	
		7 ...	7,588	
		8 ...	7,768	
		9 ...	7,578	
		10 ...	7,794	
		11 ...	5,388	
		12 ...	4,802	
		13 ...	4,795	
		14 ...	598	
Specials ...				1,743
GRAND TOTAL				55,499

(b) Found to require treatment ... 43,010

(c) Actually treated ... 16,581

(d) Re-treated during the year as the result of periodical examination 7,023

(2) Half-days devoted to { Inspection ... 339 }
 { Treatment ... 2036 } TOTAL ... 2,375

ELEMENTARY SCHOOLS.

(3)	Attendances made by children for treatment	...	...	...	...	30,453
(4)	Fillings	$\left\{ \begin{array}{l} \text{Permanent Teeth ... 8,951} \\ \text{Temporary Teeth ... 2} \end{array} \right\}$		...	...	TOTAL ... 8,953
(5)	Extractions	$\left\{ \begin{array}{l} \text{Permanent Teeth 8,254} \\ \text{Temporary Teeth 34,617} \end{array} \right\}$		...	...	TOTAL ... 42,871
(6)	Administrations of general anæsthetics for extractions	...	...	...	...	17,399
(7)	Other operations	$\left\{ \begin{array}{l} \text{Permanent Teeth ... 1,003} \\ \text{Temporary Teeth ... 8} \end{array} \right\}$		...	...	TOTAL ... 1,011

Group V.—Uncleanliness and Verminous Conditions.

(1)	Average number of visits per school made during the year by the School Nurses	...	...	...	...	...	...	...	...	43.0
(2)	Total number of examinations of children in the Schools by School Nurses	...	...	...	...	...	...	...	...	187,528
(3)	Number of individual children found unclean	...	...	...	...	...	...	...	...	14,210
(4)	Number of children cleansed under arrangements made by the Local Education Authority, viz. :—									
	Under Statutory Notices	...	...	...	...	...	...	...	...	545
	*Voluntarily	...	...	...	...	...	...	...	...	14,603
(5)	Number of cases in which legal proceedings were taken :—									
	(a) Under the Education Act, 1921	...	...	...	...	...	...	...	...	Nil.
	(b) Under School Attendance Byelaws	...	...	...	...	...	...	...	...	Nil.
	(c) Under Liverpool Corporation Act, 1921 :									
	Informations	...	...	...	...	...	...	...	...	3
	Convictions	..	...	...	...	...	...	...	...	3

* In addition to this number, which represents more than one attendance of certain children, and not individual children, 6,394 other children also attended the Cleansing Station, for Spray or Slipper baths, on their own initiative.

HIGHER SCHOOLS.

TABLE I.—RETURN OF MEDICAL INSPECTIONS.

A.—Routine Medical Inspections

Age.	8	9	10	11	12	13	14	15	16	17	Grand Total.
Boys ...	79	66	103	280	653	822	1,069	822	375	198	4,467
Girls ...	58	38	70	159	389	443	437	422	210	134	2,360
Total ...	137	104	173	439	1,042	1,265	1,506	1,244	585	332	6,827

B.—Other Inspections.

Number of Special Inspections	...	...	...	...	...	...	...	...	445
Number of Re-inspections	...	...	...	...	...	...	...	...	6,696
									—
TOTAL	...	...	...	...	...	...	...	...	7,141
									==

HIGHER SCHOOLS.

TABLE II.—A.

Return of Defects found by Medical Inspection in the Year
ended 31st December, 1930.

DEFECT OR DISEASE	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	Number of Defects.		Number of Defects.	
	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
(1)	(2)	(3)	(4)	(5)
MALNUTRITION	8	28	—	1
SKIN—				
Ringworm—				
Scalp	2	—	—	—
Body	—	—	—	—
Scabies	1	—	—	—
Impetigo	—	—	—	—
Other Diseases (Non-Tuberculous) ..	26	23	1	3
EYE—				
Blepharitis	5	10	1	1
Conjunctivitis	7	3	4	1
Keratitis	—	—	—	—
Corneal Ulcers	—	—	—	—
Corneal Opacities	—	—	—	—
Defective Vision (excluding Squint)	456	1,359	222	66
Squint	24	65	9	—
Other Conditions	3	7	2	—
EAR—				
Defective Hearing	29	84	2	7
Otitis Media	22	65	3	6
Other Ear Diseases	17	5	—	—
NOSE AND THROAT—				
Enlarged Tonsils only	30	336	1	31
Adenoids only	4	10	—	3
Enlarged Tonsils and Adenoids ...	4	12	2	1
Other Conditions	51	87	6	9
ENLARGED CERVICAL GLANDS (Non-Tuberculous)	2	57	—	5
DEFECTIVE SPEECH	13	53	1	5

HIGHER SCHOOLS.
TABLE II.—Continued.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS	
	Number of Defects.		Number of Defects.	
	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
(1)	(2)	(3)	(4)	(5)
TEETH—				
Dental Diseases	407	54	43	8
HEART AND CIRCULATION—				
Heart Disease—				
Organic	—	47	—	8
Functional	—	262	—	23
Anaemia	32	99	6	7
LUNGS—				
Bronchitis	6	81	—	11
Other Non-Tuberculous Diseases ...	—	—	—	—
*TUBERCULOSIS—				
Pulmonary—				
Definite	—	6	1	—
Suspected	—	—	—	—
Non-Pulmonary—				
Glands	—	9	—	2
Spine	—	3	—	—
Hip	1	1	—	1
Other Bones and Joints ...	—	3	—	—
Skin	—	—	—	—
Other Forms	—	5	—	1
NERVOUS SYSTEM—				
Epilepsy	—	—	—	—
Chorea... ..	1	—	2	—
Other Conditions	3	33	1	5
DEFORMITIES—				
Rickets	—	2	—	—
Spinal Curvature	23	44	1	4
Other Forms	36	92	4	1
Flat Feet	146	172	8	13
OTHER DEFECTS AND DISEASES ...	110	347	20	53

* Under the heading of Tuberculosis most of the cases in column (3) and (5) are cases in which the disease is quiescent but not yet considered cured.

HIGHER SCHOOLS.

B.—Number of Individual Children Found at Routine Medical Inspection to Require Treatment (excluding Uncleanliness).

Group. (1)	NUMBER OF CHILDREN.		Percentage of children requiring treatment. (4)
	Inspected. (2)	Requiring treatment. (3)	
CODE GROUPS :			
Total	6,827	1,234	18·0

TABLE IV.

Return of Defects treated during the Year ended 31st December, 1930.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness).

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	TOTAL. (4)
SKIN—			
Ringworm—Scalp	1	—	1
Ringworm—Body	—	—	—
Scabies	—	1	1
Impetigo... ..	—	1	1
Other Skin Diseases	—	12	12
MINOR EYE DEFECTS (External and others, but excluding cases falling in Group II)	—	5	5
MINOR EAR DEFECTS	3	18	21
MISCELLANEOUS (e.g. minor injuries, bruises, sores, chilblains, etc.)	—	8	8
TOTAL	4	45	49

HIGHER SCHOOLS.

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I).

DISEASE OR DEFECT		NUMBER OF DEFECTS DEALT WITH			
		Under the Authority's Scheme	Submitted to refraction by private practitioner or at Hospital, apart from the Authority's Scheme	Other-wise	Total
(1)		(2)	(3)	(4)	(5)
Errors of Refraction (including Squint).	New Cases	95	30	51	176
	Re-examination Cases	197	6	11	214
Other Defect or Disease of the eyes (excluding those recorded in Group I).....		—	—	—	—
TOTAL		292	36	62	390

Total Number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme	...	...	...	...	...	270
(b) Otherwise	...	...	...	...	...	98

Total Number of children who obtained or received spectacles :—

(a) Under the Authority's Scheme	...	...	...	...	...	269
(b) Otherwise	...	...	...	...	...	98

HIGHER SCHOOLS.

Group III.—Treatment of Defects of Nose and Throat.

	RECEIVED OPERATIVE TREATMENT			Received other Forms of Treatment	Total number treated
	Under the Authority's Scheme, in Clinic or Hospital (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme (2)	Total (3)		
Enlarged tonsils and adenoids.....	18	6	24	2	26
Mouth Breathing	—	—	—	8	8
TOTAL	18	6	24	10	34

APPENDIX C.

SOME OBSERVATIONS ON THE REPORT ON RHEUMATISM, VIEWED FROM THE CLINICAL ASPECT,

BY A. DINGWALL FORDYCE, F.R.C.P.

The problem of dealing with rheumatism in childhood is one of difficulty and complexity, for not only is the cause still unknown, but the onset is often insidious and the treatment demands prolonged and close medical supervision over the child's physical, mental and social conditions.

The position is that rheumatism is one of the commonest complaints of childhood, and a condition urgently requiring treatment because of the grave danger to the heart. Prolonged treatment in bed is essential in the acute stages, but this is usually impossible to obtain at home, and if the cases are admitted to a Hospital in Liverpool, pressure on the accommodation generally necessitates their discharge as soon as the acute stage is over. In only a small percentage of cases is it possible to arrange for their transference to other institutions, such as the Royal Liverpool Children's Hospital, Heswall, where the prolonged rest which is so necessary can be obtained. Other cases, after they have been sent home, may have to wait several months before they can be admitted to such convalescent institutions, and frequently damage to the heart results during this period of waiting.

It is of great interest to read in the Report how comparatively low is the statistical incidence of the disease in Liverpool, when the recorded prevalence in certain other large towns is taken into consideration. The problem, therefore, of introducing satisfactory methods of preventing the onset of heart disease should not present quite the same difficulties here as in other areas.

It is generally recognised that proper cleanliness of the mouth, nose and throat go far to prevent rheumatism and assist in cure.

It is not surprising, therefore, to find in the Report that dental sepsis, enlarged tonsils and sore throats were definitely shewn to be more common in the rheumatic than in the control children.

Cases of rheumatism undoubtedly do best where the mothers are capable and sensible, probably because they can better guard their children against serious developments, even under difficulties. Such mothers make every effort to prevent the wearing of damp clothes and boots, they notice small departures from health and seek early medical aid. By thus observing and dealing with apparently trivial intercurrent conditions or renewal of symptoms, grave after-effects are avoided.

Much education is lost by most rheumatic children, some even going for years without receiving any at all. This is particularly regrettable, because most of these children are mentally alert, and with lessons and exercise suitably adapted to their physical conditions, benefit very materially from instruction. Whilst Day Special Schools for Physically Defective Children are eminently suitable for children with hearts already permanently crippled, they hardly meet the requirements for children with active rheumatic conditions.

Rheumatism differs from most other infective diseases in that increase of specific immunity does not result from successful recovery from acute infection, rather the reverse occurs, consequently relapse and recurrence is very common. In view of this tendency to relapse and recurrence, residential accommodation for many of the cases is necessary for a considerable period after the acute symptoms have subsided. Therefore, the prolonged institutional care of rheumatic children demands not only residential accommodation, but provision for education, associated with special facilities for treatment such as massage, gymnastics, etc., so that the children, under close medical supervision, can be advanced, stage by stage, until they are rendered capable of withstanding the stresses and strains of ordinary home and school environment.

APPENDIX D.

LIVERPOOL EDUCATION COMMITTEE.

 REPORT BY THE INSPECTOR OF PHYSICAL
 TRAINING FOR THE YEAR 1930.

Throughout the year 1930, the teaching staffs of Liverpool schools have by their enthusiasm and energy maintained at a high level the physical training activities of the schools. The broad term Physical Training embraces such a variety of activities that, for the purposes of a comprehensive report, it is desirable that certain sub-divisions should be enumerated and details given under each. These sub-divisions are:—

- A. Physical Exercises in Schools and School Playgrounds.
- B. Teachers' Classes in Physical Exercise, Games, and Athletics.
- C. Organised Games. Playing Fields and Public Parks.
- D. Free Transport from Congested Areas to Playing Fields.
- E. Swimming Instruction. Public Plunge and Spray Baths. School Plunge and Spray Baths.
- F. Games Supervision in Public Parks—Summer Holidays.
- G. School Holiday Camps—Summer, 1930.
- H. Evening Play Centres. Winter. Summer.
- I. Physical Activities organised by Teachers OUT OF SCHOOL HOURS.

A. Physical Exercise in Schools and School Playgrounds.

Physical exercise lessons are conducted, as a general rule, by the class teachers with their individual classes, but there is a growing tendency in the senior schools to introduce partial specialisation. It is an advantage in many cases to let a teacher, who is particularly keen on physical work, conduct the lessons of two or even three classes. A daily lesson is the general practice in the junior

and infant departments, but in the senior schools, where organised games and swimming instruction are included in the curriculum, physical exercise lessons are taken two or three times weekly. Most of the lessons are taken in the open air when the weather is reasonably good, but in bad weather school halls and assembly rooms are used. The children in schools with no indoor accommodation for physical exercise are seriously handicapped, as classroom exercise is a very poor substitute and almost entirely unsatisfactory. It is pleasing to record that all recently erected schools have assembly halls provided, which are suitable for indoor physical exercise. The equipment of these "physical training rooms" with some portable gymnastic apparatus for the use of the senior pupils is anticipated in the near future.

B. Teachers' Classes in Physical Exercise, Games and Athletics.

Four "Refresher" Courses, each of ten lessons, were conducted during the year. These were attended by enthusiastic teachers, who came during the evenings, and were charged a fee of 5s. for each course. A roll of over forty teachers joined each of the following courses:—

1. For Teachers of Senior Girls—Physical Exercise and Games.
2. For Teachers of Infants—Physical Exercise and Games.
3. For Teachers of Senior Girls—Field Games and Athletics.
4. For Men Teachers—Physical Exercises and Games.

C. The Use of Playing Fields and Public Parks for Organised Games.

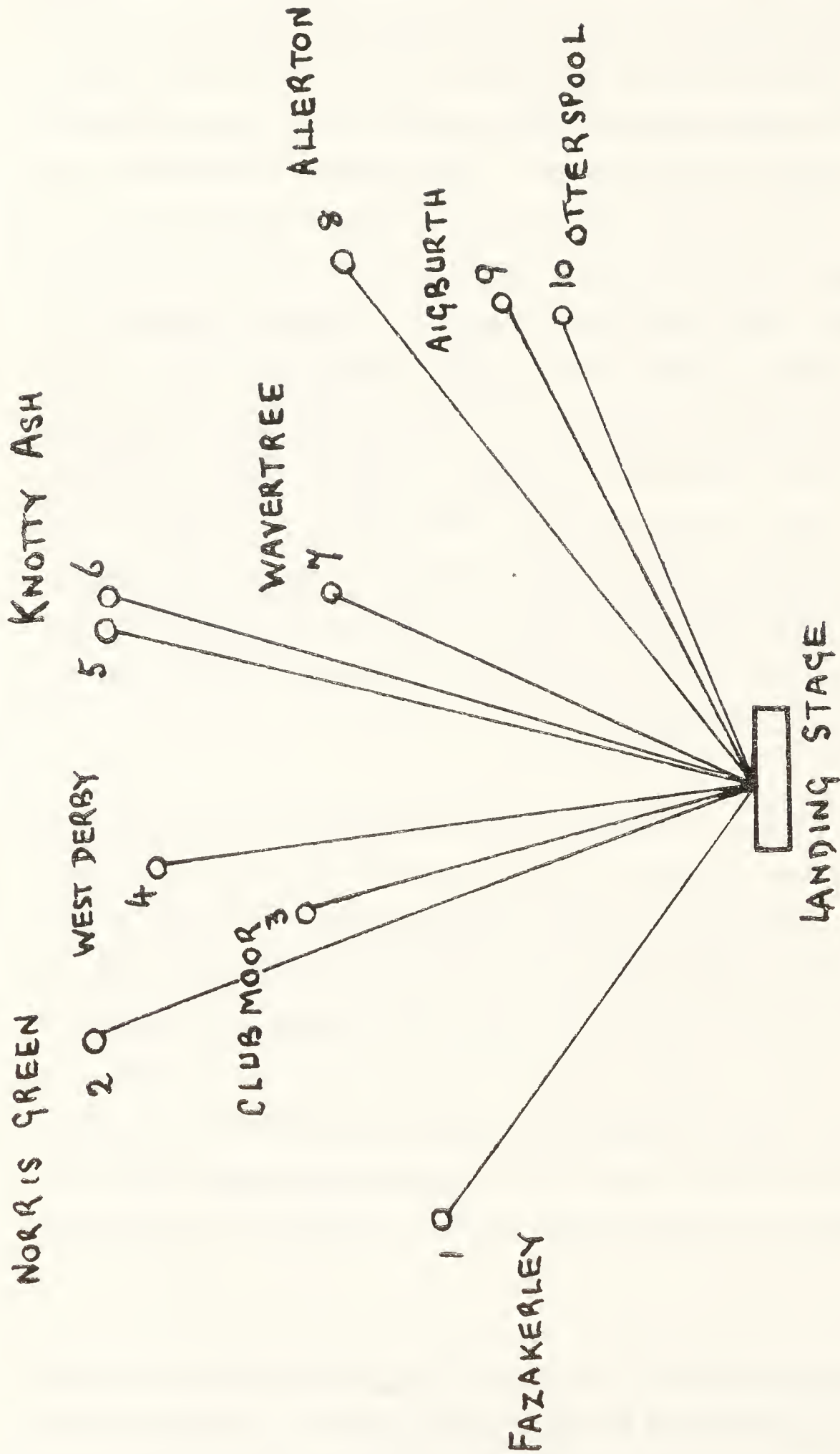
The use of large portions of public parks and open spaces under the jurisdiction of the Parks and Gardens Committee has been thoroughly appreciated by teachers and scholars, and the continuance of this usage is very necessary. **The standard of play, however, attained at organised games in private playing fields is much higher than is possible in public parks and playing areas.**

The last systematic survey of the need for elementary school playing fields was presented to the Committee in 1927. At that date the Committee owned no land for the purpose of playing fields, but were renting three sites totalling 21 acres from the Estate Committee. It was suggested that several more sites should be acquired and all sites purchased. The Estate Committee did not, however, agree to the sale of the three old sites, viz.:—*(a)* Long Lane, Fazakerley; *(b)* Knotty Ash; and *(c)* Jericho Farm, Aigburth. The Education Committee remains tenants, and not owners of these fields. Five playing fields have since been purchased from outside vendors, viz.:—Townsend Lane; Sandown Park, Wavertree; Scarisbrick Avenue, Norris Green; Thomas Lane, Knotty Ash; and Back Lane, West Derby. A field in the Allerton area adjoining Heath Road School has been approved by the Education Committee, but has not yet been allocated by the Housing Committee. (The position at the present time is shown in the accompanying diagram.)

This area of land is, of course, quite insufficient to provide each of the 40,000 boys and girls over 11 years of age with a weekly opportunity to take part in organised field games, and but for the fact that the Parks and Gardens Committee are willing and able to offer over 30 playing areas in the public parks, it would be impossible to carry on the physical training activities which are at present organised. These activities can be visualised by stating that over 30,000 children have had some provision made for their organised games in school hours, either in parks or in playing fields.

The Education Committee have recently approved the fencing and equipping of the Townsend Lane Playing Field as a fully enclosed athletic ground, with spectators' stands and running track.

DIAGRAM SHOWING EXISTING PLAYING FIELDS FOR ELEMENTARY SCHOOLS:



KEY.

- | Location | Acres | Usage |
|----------------------------------|-------|-------|
| 1. Long Lane, Fazakerley | ... | ... |
| 2. Scarisbrook Av., Norris Green | ... | ... |
| 3. Townsend Lane, Clubmoor | ... | ... |
| 4. Back Lane, West Derby | ... | ... |
| 5. Thomas Lane, Knotty Ash | ... | ... |
| 6. Thomas Lane, Knotty Ash | ... | ... |
| 7. Sandown Park, Wavertree | ... | ... |
| 8. Heath Road, Allerton | ... | ... |
| 9. "Underlea," Aigburth | ... | ... |
| 10. Jericho Farm, Otterspool | ... | ... |
- 8 acres rented—in use for 7 years.
8 acres purchased—not yet in use.
8 acres purchased—not yet in use.
5 acres purchased—not yet in use.
3 acres rented—in use for 8 years.
8 acres purchased—not yet in use.
8 acres purchased—in use for 2 years.
8 acres not yet allocated.
2 acres rented—restricted use for 7 years.
7 acres rented—in use for 4 years.

D. Free Transport from Congested Areas to Playing Fields.

The Education Committee's playing fields and the larger public park playing spaces are in most cases situated in outlying districts, or in residential districts distant from the dock and central areas. Senior school departments in these latter congested areas have been included in a Free Transport scheme which provides for the weekly visits of boys and girls to playing fields for organised games in fine weather. Schools in eighteen Wards are considered as too distant from parks and playing fields; these schools, classified in Wards, are given below.

(Expenditure on tram tickets for the purpose of the scheme totalled £588 for the year 1930.)

WARDS (from N. to S.)	SCHOOLS.
1. SANDHILLS	... St. Alban's R.C., Stanley Road
2. KIRKDALE	... St. Alphonsus R.C.
3. NETHERFIELD	... Everton Terr., Heyworth St., Roscommon St., Christ Church C.E., St. Peter's C.E.
4. NORTH SCOTLAND	Ashfield St., Penrhyn St., St. Gerard's R.C., St. Sylvester's R.C., St. Anthony's R.C., St. James the Less C.E.
5. SOUTH SCOTLAND	St. Augustine's R.C., St. Bridget's R.C., Bishop Goss R.C., Our Lady's R.C., All Soul's R.C., All Saints' C.E., St. Titus C.E.
6. EVERTON	... Steers Street, Netherfield Rd., St. Augustine's, St. Francis Xavier's R.C., Friary R.C.
7. LOW HILL	... Harrison Jones, St. Jude's C.E., Sacred Heart R.C., Rathbone
8. ST. ANNE'S	... Holy Cross R.C. Boys.
9. VAUXHALL	... St. Bartholomew's C.E., St. Mary's R.C.
10. EXCHANGE	... Old Church C.E., Holy Cross R.C. Girls.
11. EDGEHILL	... Chatsworth Street, St. Anne's R.C.
12. ABERCROMBY	... St. Simon's C.E., Vine Street Wesleyan.
13. GREAT GEORGE	... St. James', St. Vincent's R.C., South Church C.E., Pleasant Street, St. Nicholas' R.C., Hebrew.
14. ST. PETER'S	... St. Peter's R.C., St. Luke's C.E.
15. GRANBY	... St. Clement's C.E.
16. BRUNSWICK	... Harrington, Holy Trinity C.E., Toxteth, St. Patrick's R.C.
17. PRINCES	... Windsor Street.
18. DINGLE	... Wellington Road, Beaufort Street, St. Malachy's R.C.

**E. Swimming Instruction. Public Plunge and Spray Baths.
School Plunge and Spray Baths.**

The eleven Public Bathing Establishments and sixteen School Swimming Baths were used throughout the Summer months by all schools within reasonable walking distance for instruction in swimming, and in most cases the time-tables were completely full. The provision of additional swimming baths is seriously needed. This need is felt chiefly in the new housing area of Norris Green, where thousands of children are in new schools which are too distant from existing public baths; and none of the newly-erected schools have school baths.

All instruction in swimming is done by class teachers, and no paid specialists or coaches are employed. Details of the excellent results obtained during the year 1930 will be given later in this report.

The Baths Committee has since 1921 provided facilities for the free private bathing of elementary school children between the hours of 4 and 5 p.m. on school days during the winter months of November, December, January, February and March. Twelve establishments were used for this purpose in 1930; attendances are given in statistics below.

The Baths Committee admit children to the swimming and washing baths free of charge, and the Education Committee pay a sum of £650 to defray the expenses of washing and replacement of towels.

Only four Council Schools have spray baths on the premises, viz., Harrison Jones, St. James', St. Augustine's and Everton Terrace; these have been used regularly throughout the year.

Public Baths Attendances, 1930.

Name of Bath	ATTENDANCES		ATTENDANCES		ATTENDANCES	
	SWIMMING PLUNGES		SWIMMING PLUNGES		SLIPPER AND SPRAY BATHS	
	Summer, 1930.		Winter, 1930.		Winter, 1930.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Cornwallis Street	13,984	11,459	—	—	1,026	—
Margaret Street	47,338	16,896	19,823	1,892	941	814
Westminster Rd.	32,523	16,767	15,675	4,507	501	841
Lister Drive ...	25,345	13,545	—	—	—	—
Picton Road ...	12,855	5,528	—	—	769	162
Speke Road ...	21,835	13,840	12,220	3,003	—	—
Queen's Drive ...	18,069	15,043	—	—	—	—
Woolton ...	1,592	1,005	—	—	136	216
Stebble Street ...	39,433	17,075	18,204	2,600	1,376	1,853
Lodge Lane ...	20,372	15,768	7,210	2,091	—	628
Burroughs Gdns.	25,795	12,825	667	57	1,252	1,251
Netherfield Rd. ...	—	—	—	—	—	830
Minshull Street	—	—	—	—	447	837
Beacon Street ...	—	—	—	—	2,908	446
Melrose Road ...	—	—	—	—	393	358
	259,141	139,751	73,799	14,150	10,579	8,236
	398,892		87,949		18,815	
Totals for 1929 ...	417,492		75,616		14,114	

School Plunge Baths Attendances, 1930.

Name of School Bath.	Size of Bath.	No. of weeks Bath was in use in 1930.	No. of Scholars' Attendances at Bath.	
			Boys.	Girls.
Anfield Road	51 ft. × 24 ft.	14	4,409	4,208
Beaufort Street	34 ft × 16 ft.	22	7,766	3,338
Birchfield Road	58 ft. × 20 ft.	23	8,896	8,873
Boaler Street	45 ft. × 20 ft.	19	6,068	2,259
Brae Street	24 ft. × 14 ft.	15	975	1,505
Daisy Street (Junior) ...	19 ft. × 15 $\frac{3}{4}$ ft.	19	1,245	861
Granton Road (Girls) ...	40 ft. × 15 ft.	17	—	2,357
Harrington	24 ft. × 13 $\frac{1}{2}$ ft.	18	1,440	2,160
Heyworth Street	30 ft. × 18 ft.	25	2,957	2,260
Lawrence Road	54 ft. × 24 ft.	21	5,958	6,761
Longmoor Lane	50 ft. × 20 ft.	21	5,670	10,920
Rathbone	21 $\frac{1}{2}$ ft. × 15 $\frac{1}{2}$ ft.	21	3,150	2,625
St. Michael's Hamlet ...	22 $\frac{1}{2}$ ft. × 17 $\frac{1}{2}$ ft.	18	2,340	2,700
Sefton Park	40 ft. × 20 ft.	21	4,335	3,833
Venice Street (Boys) ...	20 ft. × 10 ft.	20	9,000	—
Webster Rd. (Junior) ...	24 ft. × 18 ft.	15	3,300	3,000
			67,509	57,570
		Totals for 1929	62,951	55,288

The following schools were also accommodated with bathing periods at the School Baths:— All Saints' R.C., Holy Trinity C.E., Walton, Butler Street, Sheil Road, Earle Road, Rice Lane, Barlow's Lane, St. John's C.E., Walton, St. Charles' R.C., Sudley Road, Pinehurst Avenue, Loraine Street, St. Hugh's R.C., Sacred Heart R.C., St. Jude's C.E., Townsend Lane, Morrison, Major Lester, St. George's C.E., and St. Saviour's C.E., Everton.

F. Games Supervision in Public Parks— Summer Holidays, 1930.

Since the Summer of 1920 the Elementary Education Sub-Committee has carried out a scheme which assures some definite

help in organising the games of the poorer children who visit the public parks during the school holidays.

The Wavertree Playground was not available owing to the Railway Centenary preparations, but seven Parks were used, viz., Sefton Park, Garston Recreation Ground, Walton Hall Recreation Ground, Stanley Park, Clubmoor Recreation Ground, Sheil Park and Princes Park.

In each of these Parks the Committee has maintained for a number of years a lock-up storage hut. Each hut was supplied with the following apparatus:—Net-ball posts and balls, cricket bats, balls and wickets, rounder and baseball outfits, ropes for tug-of-war and skipping, jumping standards, and boxing gloves.

A paid staff of three teachers (two men and one woman) was appointed to be on duty each week-day, except Saturdays and Bank Holiday, in each Park, from 1 to 5 p.m. The payment of the staff was at the rate of 10s. per occasion.

The weather was not generally fine, but games were possible on all days, except two, when continuous rain prevented play entirely.

The attendance of children varied in the different Parks, and the average daily attendances of children under the immediate control of the teachers were as follows:—

	BOYS.	GIRLS.	TOTAL.
Stanley Park	268	70	338
Garston Recreation Ground ...	224	132	356
Walton Hall Recreation Ground	184	76	260
Sefton Park Review Field ...	231	117	348
Clubmoor Recreation Ground ...	310	86	396
Sheil Park	165	58	223
Princes Park	360	200	560
	1,742	739	2,481

Other children, of course, were busy with the swings and paddling pools.

Cricket for boys and rounders for girls were the games played most frequently, and a series of inter-park matches in these games were organised. The chief weekly event in each Park was the Sports Meeting, and the prize fund of 5s. weekly for each Park supplied by the Elementary Education Sub-Committee was augmented by supervisors and interested spectators.

The Inspector of Physical Training reports generally that the staff of teachers carried out their work with energy and enthusiasm, that the Park keepers rendered effective service, and that the honesty of the children in returning bats and balls from scattered playing pitches was commendable.

The repetition of a scheme on similar lines is recommended for the Summer of 1931.

G. Elementary School Holiday Camps—Summer, 1930.

In preparing the scheme for the Summer Holidays, 1930, all elementary schools in Liverpool were circularised stating the regulations, and inviting applications for inclusion. Sixty-six schools applied for grants-in-aid, and approval was given by the elementary Education Sub-Committee in each case.

The expenditure for the year 1929 on grants-in-aid was £1,490 7s. 0d. in respect of 69 School Camps.

The Board of Education approved for the year 1930 of the expenditure of £1,500 on School Holiday Camps. The preliminary applications received involved an estimated expenditure of £1,681, and the Elementary Education Sub-Committee in April, 1930, approved of the increase, in order to give the usual grant in all cases, viz., £1 per week for leaders and 10s. per week for children. This increase received the approval of the Board of Education. Grant was approved for 1,965 boys and 349 girls.

After inspection by members and officials of the Committee, and reports by Camp Organisers, certain deductions from grants

automatically occurred which resulted in the expenditure for the year 1930 totalling £1,628 9s. 0d. in respect of 66 School Camps.

Arrangements were made for the majority of Camps to be visited by representatives of the Elementary Education Sub-Committee, and the teachers and leaders appreciated the kindly interest of Alderman Miss Mabel Fletcher, Councillor Mrs. M. L. Hamilton, Councillors Moorhead, Hardeman, Williams, Boothman, and Mr. C. Barker in recording visits of inspection. Other Camps were visited by the Deputy-Director, the Committee's Inspectors, and Mr. A. Lucas. The cost of inspection amounted to £37 7s. 1d.

The Inspector of Physical Training has received and filed reports from the Organisers, and from the official visitors. The Camps were generally reported upon as being well organised, the sanitary arrangements sufficient, the food plentiful, and the various activities health giving. A few cases of minor accidents and sickness occurred, which were dealt with efficiently by the Organisers in charge.

Excellent photographs, submitted by the Camp Leaders, are available for inspection.

The Organiser of a School Camp has to give up a portion of holiday for the purpose, and has to make arrangements for the carrying out of all duties connected with the transport, feeding, sleeping, recreation, and general care of the youthful campers. The grants-in-aid stimulate the teachers to organise camping parties of the poorer and necessitous children.

It is anticipated that for the Summer Holidays of 1931 the same enthusiasm for camping will be shewn by the teachers. (In some schools subscriptions for the 1931 Camp have already started.) It is probable that more leaders will be forthcoming, more schools included, and more children benefited.

H. Evening Play Centres.

Winter Play Centres were successfully continued, as in previous sessions, in thirteen school premises during the months of January.

February and March, and for the re-opening in October the Committee decided to open two additional centres in the new housing area of Norris Green. This new area is populated with workers who have mostly migrated from the more congested areas of the City, and the children appreciated the opening of the new play centres.

The fifteen winter evening play centres each recorded an average attendance of over 400 children per occasion.

Play Centres in School Playgrounds in Summer Months.

The Elementary Education Sub-Committee, in preparing the estimates for the year's expenditure, decided to include a sum of £500 to allow of the opening of a small number of playgrounds in the more congested parts of the City during the summer evenings. The aim the Committee had in view was not only to secure for the children some opportunities for recreation and organised games, but also to remove them, at any rate for a time, from the danger arising from the traffic in the main streets.

Twelve playgrounds were opened on two evenings each week, and each staffed with two teachers; balls, bats and skipping ropes were supplied. The teachers on duty were specially chosen, with proved experience in play centre work, and efforts were maintained to encourage and attract the children to attend regularly and in large numbers. The attendance, however, dropped, after a few week's trial, to an average of 75 children in each playground. It was then decided to distribute the workers to include 24 playgrounds—one teacher to each playground. This scheme was continued throughout the summer months, including the school holiday, with fluctuating response by the children, and the Committee decided to continue the experiment, with probable extension, in the summer of 1931.

I. Physical Activities Organised by Teachers “Out of School Hours.”

The extensive schemes of organised games, and the athletic and swimming competitions, conducted by a large body of teachers for

the physical benefit of their pupils out of school hours during evenings and Saturday mornings, call for special prominence in this report on Physical Training, and extracts from reports of three distinct Sports Committees of Teachers are here appended:—

BOYS.

By Mr. G. Ashplant (Hon. Sec. Sports Committee, Liverpool Association of Schoolmasters):—

“Your Sports Committee has pleasure in reporting another highly satisfactory year of work on behalf of the Sports and Athletics of our Liverpool schoolboys. All branches of the Committee’s activities remain virile and efficient, and the numbers of competing teams, in most of the competitions, are increasing yearly.”

“Particular attention has been paid by the Committee to the question as to how the re-organisation in schools, now taking place, affects schoolboy sport. For the ensuing year the scope of our competitions has been enlarged to permit the inclusion of boys under the age of 11, and also under the age of 15; the result of this experiment is awaited with keen interest.”

FOOTBALL.

“The year has been one of great activity in Football and the success which has resulted therefrom is not only gratifying in itself but also promises well for the future. An entry of 160 teams from 97 schools, compared with 152 teams from a similar number of schools last year, has established a new record in the Leagues Competitions.”

“There were 52 entries for the ‘Knock-out,’ this being a decrease of 2 on last year.

“After defeating Barrow and Ashton-under-Lync in the early rounds of the E.S.F.A. Shield Competition, our city team boys, as last season, lost to Manchester in the 3rd round. In the Lancs. County Competition, the Final was reached by victories over Barrow, St. Helens, Bootle, Accrington and Burnley. Liverpool retained possession of the magnificent trophy, won last year in the Merseyside Championship, by defeating Birkenhead and Waterloo.

CRICKET.

“Attention is specially directed to the fact that 80 Schools entered 145 teams in the Cricket Competitions, an increase of 13 teams on last year, and the largest number entered since the competition was instituted. The standard of play, particularly in the ‘A’ Group was better than in preceding years.”

BASEBALL.

“ Compared with those of the previous year, the entries in the Baseball Competition show a slight decrease, a total of 29 Schools entering 42 teams, a drop of 2 and 7 respectively. Townsend Lane secured both Senior and Junior Honours, and their continued success in this respect is indeed unique.”

ATHLETICS (CITY, COUNTY AND NATIONAL FESTIVALS).

“ As in the past, the Athletic Festival held for the first time on a Saturday, was a huge success. District Festivals representing entries from 77 Schools, were carried out on similar lines to the previous year, except for the fact that prizes were given at each. Winners of events competed at the Main Festival, and the first in each championship event received a badge. Steers Street, with a total of 46 points, captured the Championship, the runners-up being Anfield Road, with 32 points. Physical Displays and an exhibition of Pole Jumping were included in the programme and were decidedly popular with the spectators.”

“ The Liverpool team competed at the Lancashire Festival, held in Stanley Park, Blackpool, on June 14th, and were again outstanding, all three trophies being retained for another year. Several Liverpool boys were included in the team chosen to represent Lancashire at the National Festival, held at Stamford Bridge, on July 19th.”

SWIMMING.

“ A slight decrease compared with last year is shown in the number of Schools entered for the Swimming Leagues, the total being 2 less. In the ‘A’ Division, 112 teams entered against 122 the previous year, while the ‘B’ Division, with a total of 23 teams, showed an increase of 6.”

“ Interest in the other swimming activities has been maintained, although there is a big drop in the numbers of certificates gained. Two innovations were introduced; one, the payment of an affiliation fee in order to take advantage of the swimming arrangements; the other, the issuing of L.A.S. Life Saving Certificates. Whilst the former proved of great financial benefit—65 Schools affiliated, in addition to those entering the Leagues—the latter was very poorly patronised, for only 75 Beginners and 29 Advanced Certificates were gained. 105 Schools entered boys for the usual certificates, but there was a decrease of nearly 800 in the number awarded. This decline in numbers is receiving the serious attention of the Swimming Committee, with a view to ascertaining the probable cause of such a marked slump. The total number of certificates gained was 2,670, divided as follows: Beginners, 1548; Distance, 927; Speed, 164; Proficiency, 31.”

“ As usual, ten District Swimming Galas were organised, and all were fairly well supported.”

GIRLS.

By Miss M. H. Parry (Hon. Sec. Sports Committee, Liverpool Branch N.U.T.) :—

“The Sports Committee has much pleasure in presenting the report for 1930.
“An increase of entries in all branches of sport organised by the Committee testifies
“to a sustained enthusiasm throughout the year.”

NET BALL.

“In the Senior Net Ball League Competition, 39 schools entered, this being an
“increase of 2 on the previous year. In the Junior League, 27 schools entered.”

“The Knock-Out Competition again proved very popular, there being an entry
“of 16 teams.”

HOCKEY.

“Interest in this game is still maintained, though it is to be regretted that the
“lack of facilities prevents many schools taking part.”

ROUNDERS.

“The popularity of this summer game continues to grow, there being an increased
“entry of 9 schools upon that of the previous year. This represents a record for
“this competition.”

“In order to cater for the new Junior Schools, the Sports Committee instituted
“a new League, and the result has justified such a step.”

DANCE FESTIVAL.

“As in former years, this proved a pleasing feature of ‘Finals Day.’ Teams
“of dancers from 29 schools performed Country Dances, which were much appre-
“ciated.”

ATHLETIC FESTIVAL.

“The successful district festivals prior to the main festival on Empire Day,
“1929, encouraged the Committee to adopt the same procedure this year. These
“preliminary meetings were held on the Education Committee’s playing fields at
“Knotty Ash, Long Lane, and Jericho Farm.”

“These were fully representative of the schools in the areas, and so large was
“the number of entrants at Knotty Ash that the Committee has under consideration
“the organising of a further district festival at Sandown Lane.”

“The Finals were again held at the White Star Athletic Ground on Empire Day, the competitors being representative of 62 schools. A marked improvement in style was noticeable, particularly in the hurdling and team events. This was evidence of capable and systematic training, and was of great value in the choosing of competitors for the County Festival.”

COUNTY FESTIVAL.

“This Festival was held at Blackpool under ideal conditions, at the splendidly situated Stanley Park, on Saturday, June 14th. Our team again distinguished itself by repeating the success of last year, thus retaining the Girls’ Trophy for Liverpool. As the boys secured the Alderman Aitken Cup, the third trophy, given for the highest aggregate marks, comes once more to Liverpool, and will be held by the girls for half the year.”

NATIONAL FESTIVAL.

“The Championship Festival was held at Stamford Bridge, London, on Saturday, July 19th.

“Our girls scored four points for Lancashire, thus doubling last year’s achievement. In the total aggregate of points, Lancashire girls held fourth place.”

SWIMMING.

“Senior and Junior Breast Stroke Squadron Leagues and a Senior Free Style Squadron League were again arranged. An innovation this year was the introduction of an Intermediate Breast Stroke Squadron League. Again the purpose of the Committee was to meet the needs of the new ‘Junior Schools’.”

CERTIFICATES.

“The number of certificates awarded this year shows a decrease on last year’s record. Nevertheless, 3,646 have been earned, and this shows that a keen interest is still maintained in this branch of our activities. The decrease is probably to be attributed to the facts that (1) there were no trials at Lodge Lane in August ; (2) that the Baths closed a week earlier this year ; and (3) in some cases transfers owing to re-organisation affected the further progress of young swimmers.”

SWIMMING SCHOLARSHIPS.

“Trials for these were held by the Encouragement of Swimming Committee at Westminster Road and Garston Baths. This year 33 scholarships were awarded to girls, 29 First Year, including 7 Free Style, 21 Breast Stroke, 1 Back Stroke ; 2 Second Year, and 2 Third Year.”

GALAS.

“The Committee decided this year to reintroduce a Gala at Margaret Street Baths, increasing the number of Galas to 8. The great interest, the big numbers,

“and the financial success of the venture were convincing evidence of the desirability of the step. The Galas attracted an increased number of competitors. They were all very efficiently organised, and were all very successful in making a strong appeal to the interest of the schools and the parents.”

By Mr. C. S. Topping (Hon. Sec. Catholic Schools Athletic Association) :—

FOOTBALL, 1929—30.

“SENIOR.—During season, 37 schools took part in League Competitions. Competitions were held for the CATHOLIC SCHOOLS' CUP and 'DAILY DISPATCH' Trophy.”

“JUNIOR.—Matches in this League well contested by 15 schools, showing improvement in standard of play. Junior Final took place on day of Athletic Festival.”

NETBALL.

“Season commenced with 17 teams and owing to exceptional enthusiasm a Junior League was formed, consisting of 9 teams. Competition was keen.”

SUMMER GAMES.

“BOYS.—A higher standard of play was particularly noticeable in the Cricket and Baseball Leagues, while the Swimming teams displayed a high degree of efficiency, 43 teams competed in the Cricket and Baseball Leagues.”

“GIRLS.—A marked increase in number of teams in both Rounders and Swimming was very gratifying. 19 teams competed in Rounders. Swimming League consisted of 12 teams.”

SPORTS.

“Nearly 3,000 children took part in the Athletic Festival. Preliminaries were held at Long Lane, Fazakerley (for the Northern Area) and at Sandown Park (for the Southern area). The finals took place on the evening of Thursday, May 8th, at Liverpool F.C. ground. Girls from various schools gave a display of Country and Folk Dances at intervals during the Festival.”

The Inspector of Physical Training, in presenting this Report to the Elementary Schools Management Sub-Committee, wishes to emphasise the extent and great value of this willing work of the teachers of Liverpool for the physical welfare of the children out of

school hours. It is recommended that letters of appreciation be sent to the Teachers' Associations responsible, viz., the National Union of Teachers, the National Association of Schoolmasters, and the Catholic Teachers' Association.

ALFRED E. HARRIS,

Inspector of Physical Training.

May, 1931.